R.N.

a journal for nurses

- Care of the Colostomy
- What Researchers Are Finding in Nursing
- The Difficult Art of Patienthood

November 1954

R.N.

EDITOR
Alice R. Clarke, R.N.

EDITORIAL STAFF
Frances Elder, R.N.
Associate Editor
Barbara L. Swan
Managing Editor
Jo Brown
Art Director

CONSULTANTS
Janet M. Geister, R.N.
Morton J. Rodman, Ph.D.

PUBLISHER
William L. Chapman, Jr.

ADVERTISING REPRESENTATIVES
Gladys Huss
Joseph C. Dea
Walter A. Peterson, Jr.
Rutherford, N.J.
The Eschen Company
Los Angeles and San Francisco, Calif.

CIRCULATION MANAGER
Mary Bousfield

COVER CREDITS:
Photographer: Walter Herstatt. Cap and pin: Misericordia Hospital School of Nursing, New York, N.Y.; uniform: Roberts, Inc., New York, N.Y.

BPA NBP

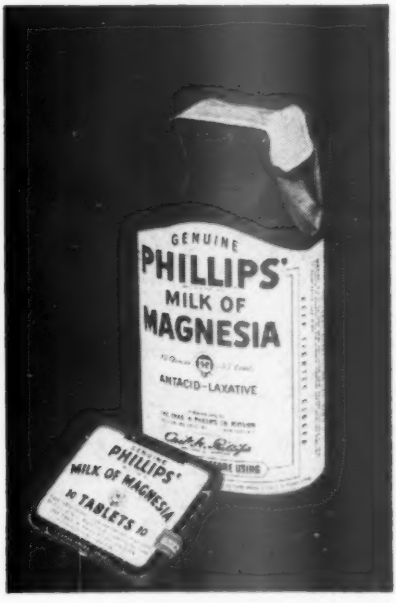
R.N. Nov. 1954; Vol 17, No. 11. Published monthly by The Nightingale Press, Inc., 210 Orchard St., East Rutherford, N.J. Subscription $1 a year, 25c a copy; Canada and foreign countries $3 a year. Entered as second class matter, Nov. 20, 1951, at the post office at Rutherford, New Jersey, under the act of March 3, 1879.

Contents

November 1954

Volume 17, No. 11

An Ideal Antacid-Laxative



CONFIDENCE

In every field there are a very few products whose quality and demonstrated dependability over many years give them a position of pre-eminence over all others. It is this dependability which inspires confidence and universal acceptance of Phillips' Milk of Magnesia. Known and recommended throughout the world for over 75 years.

PREPARED ONLY BY THE CHAS. H. PHILLIPS CO. DIVISION OF STERLING DRUG INC., 1450 BROADWAY, NEW YORK 18, N. Y.

8,000 clinical tests

prove

easier-to-apply

A-200

PYRINATE LIQUID

kills head, crab, body lice, and their eggs ...on contact!

8,000 CLINICAL TESTS in the District of Columbia jail prove A-200 Pyrinate highly effective in killing both parasites and their eggs . . . on contact!

A-200 Pyrinate Liquid is easy to use, no greasy salve to stain clothing, quickly applied, easily removed, non-poisonous, non-irritating, no tell-tale odor . . . one application is usually sufficient.

The active ingredients of A-200 are Pyrethrum extract activated with Sesamin, Dinitroanisole and Olearesin of Parsley fruit, in a detergent-water-soluble base. The pyrethrins are well-known insecticides and Anisole is a well-known ovicide, almost instantly lethal to lice and their eggs, but harmless to man. A-200 Pyrinate Liquid has won quick and general acceptance by the profession wherever it has been introduced.

A Product of McKESSON & ROBBINS, Incorporated, Bridgeport, Conn.

going deep

The "hyperkinemic" activity of Baume Bengué goes beneficially deep. It enhances blood flow *through the tissue area* in arthritis, myositis, muscle sprains, bursitis and arthralgia. As Lange and Weiner[1] determined by the use of thermo-needles, hyperkinemic effect may extend to a depth of 2.5 cm.

Baume Bengué also promotes systemic salicylate action. It provides the high concentration of 19.7% methyl salicylate (as well as 14.4% menthol) in a specially prepared lanolin base to foster percutaneous absorption.

Baume Bengué

ANALGESIQUE

1. Lange, K., and Weiner, D.: J. Invest. Dermat. 12:263 (May) 1949.

Available in both regular and mild strengths.

Thos. Leeming & Co. Inc. 155 E. 44th St., New York 17, N.Y.

Its exciting young styling is smart as your off-duty moccasin's. And its gentle wedge cradles your arch . . . gives such firm support. Famous for glove-fit, lightness.

THE LUMBERJACK—$10.95

Step after step after step...

You'll find wonderful, cushiony comfort in the greatest selection of smart, young styles

RED CROSS *Professional* SHOES

THE ONLY COMPLETE LINE OF WHITE DUTY SHOES IN THE WORLD.

This product has no connection whatever with The American National Red Cross

Wonderful "Cush-n-crepe" wedge cuddles up to your arch . . . softens every step you take. It's your favorite, youthful style . . . that's so light, soft, flexible and easy to clean.

ON DUTY—$9.95

WRITE TODAY for the name of your nearest retailer. We'll also send a beautiful plastic shoe horn, with our compliments. The United States Shoe Corporation, Cincinnati 7, Ohio.

FLORAL THERAPY

DOES HELP!

How often have you seen sickness fade and eyes brighten, when flowers arrive in a patient's room?

That's what we call *Floral Therapy:* the warmth and beauty and "cheer-up-brightness" that flowers bring . . . not only to a sick*room*, but to a sick *person*.

And your F.T.D. Florist delivers fresh flowers . . . pre-arranged for your convenience. They need no special care.

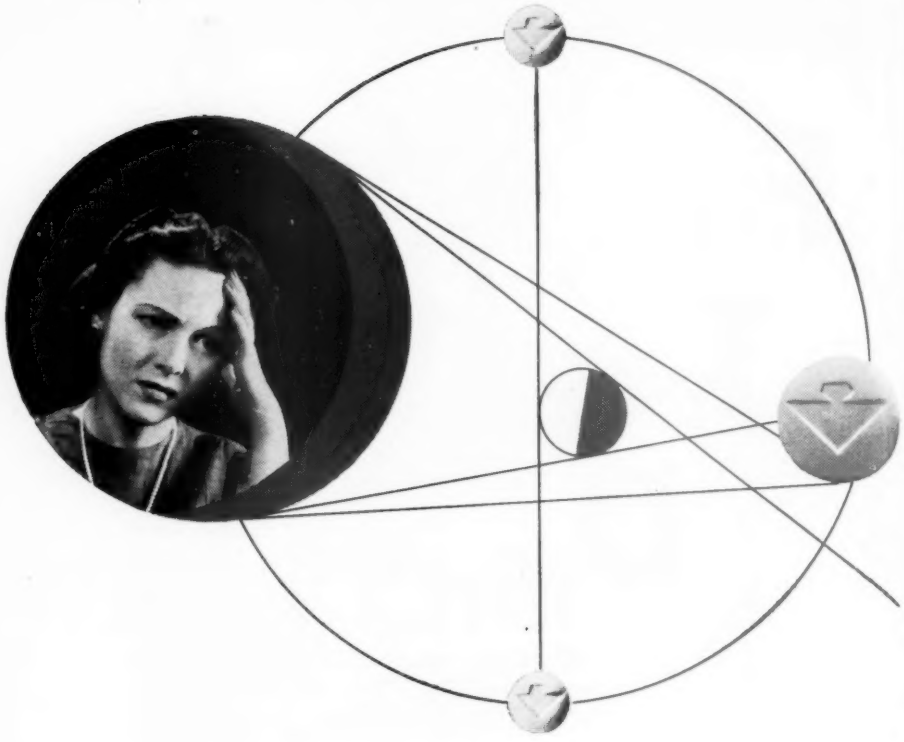
No extra work or handling with F.T.D. FLOWERS!

TRADEMARK

FLORISTS' TELEGRAPH DELIVERY
Send Flowers Worldwide
INTERFLORA

FLORISTS' TELEGRAPH DELIVERY ASSOCIATION

Headquarters: Detroit, Michigan



to relieve regular pain

The pain and discomfort of functional dysmenorrhea and other types of simple recurrent pain, can be effectively relieved with Anacin. This dependable APC formula is fast-acting and continues its analgesic effect over prolonged periods of time. Anacin provides mild sedation — patient tolerance is excellent. Consider Anacin for your patients.

ANACIN®

TABLETS

Whitehall Pharmacal Company, New York 16, N. Y.

Debits and Credits

Staff Nurses Favored

Dear Editor:

It is the policy of hospitals in this community to use staff nurses for special duty whenever possible; they are called in on their days off and, occasionally, they are called in from vacations. The hospital calls on the regular private duty nurses *only* when none of the staff is available.

Do you think this practice is fair to the patient or the private duty nurse who depends on nursing as a living? The staff nurses are given two days a week off for rest and home duties. Also, they get paid vacations, sick leave, etc.

R.N., MODESTO, CALIF.

Let's Speak Up

Dear Editor:

I am very glad you have brought to light some "Archaic Hospital Practices" [June, 1954]. Recently a $25,000 addition to a hospital was dedicated in this vicinity. The new addition has many wonderful features, including a well-equipped physiotherapy department. But the hospital has no bedpan flushers and the only ice dispensing units are the ice cube trays in the refrigerators. Just think of the time that will be lost as a result of these two omissions!

Factories are always trying to speed up production. Bonuses are given to employes who suggest labor-saving methods and devices. Why not inaugurate some system that will encourage nurses to speak up for more efficient ways of doing their work?

R.N., ILION, N.Y.

Privileged Membership

Dear Editor:

I sincerely hope that in the near future ANA membership will be compulsory for all R.N.'s. I deem it a privilege and an honor, and I think everyone who is an R.N. should feel that way too. And besides if every gainfully employed nurse had to pay toward the support of the organization, we all would profit from it.

MARY V. BAILEY, R.N.
PHILADELPHIA, PA.

Praise for ANA

Dear Editor:

I certainly enjoy the **R.N.** magazine. The articles are so clear cut, interesting, and informative.

In reading past *Debits and Credits'* letters, I cannot understand why

nurses do not want to join the ANA. I agree that ANA does not always meet all of our problems, but by and large, I think it does a pretty good job at it. When I graduated in 1913, it was not as important to belong or to be an R.N. Five years later two of our graduates persuaded me to take my State Board examination and am I grateful to them now! For where would I be without that R.N. today?

True, ANA dues cost money, but if it were not for the ANA the nurses of today would not be having eight-hour duty or the salaries they get.

In talking with gripers who say, "Why should I belong?," I generally answer, "Why shouldn't you, when you derive all these benefits that others have paid for?" Why should non-members get the pay and the hours that members have helped to get by paying dues? I do not believe in compulsion, but I do believe in loyalty and backing the people who work for your benefits.

Why should we have to compel nurses to join? Where would we be if it were not for our nursing organizations? It costs me about $30 a year for the ANA, the NLN, my alumnae association, and another organization connected with my work. I pay it gladly for the privilege of being an R.N.

ELLA FOWLER, R.N.
DERRY, N.H.

[*Your question is one with which the whole nursing profession should be concerned. In 1928, it was estimated that the U.S. had about 200,000*

Thank you ... for telling mother about...

- The Best Tasting Aspirin you can recommend
- The Flavor Remains Stable down to the last tablet
- 15¢ Bottle of 24 tablets (2½ grs. each) only 15¢

We will be pleased to send samples on request

THE BAYER COMPANY DIVISION of Sterling Drug Inc., 1450 Broadway, New York 18, N. Y.

graduate nurses. Of that number, 128,000 were not members of their professional association. To put it statistically, about 36 per cent of all the graduate nurses in this country belonged to the ANA. And organized nursing was perturbed then because of the small number who felt the need of the services of a professional association.

But more alarming are these figures: As of Aug. 31, 1954, there were 168,464 members of the ANA out of a potential of a quoted 556,617. Thirty per cent *of the nursing profession holds membership in the ANA today—a drop of 6 per cent in 26 years. Over this same period, our nurse supply has grown to the point where we now have an approximate ratio of three nurses to every one in 1928. We show a picture of an increasing potential membership which has a decreasing interest in the ANA.*
—THE EDITORS]

Why I'm Not A Joiner

Dear Editor:

As so many letters have been printed in regard to the large group of nurses who are not members of the nurses associations I think it is time for some of us to come forward with a few opinions of our own. The ones who expect to gain new members by sarcastic letters will accomplish little. Causes have to be determined and corrections made. The weapon of abuse has never been effective, nor will it be now. We have the right to our own opinion as well as to expect a satisfactory return on our money

". . . and be sure to take your VITAMINS!"

Hepatic disease strikes at the patient's nutritional well-being by interfering with vitamin intake, absorption, and utilization. Adequate vitamin supplementation goes a long way to maintain and improve the patient's nutritional reserves.

MERCK & CO., INC., Rahway, N. J.—as a pioneer manufacturer of Vitamins—serves the Medical Profession through the Pharmaceutical Industry.

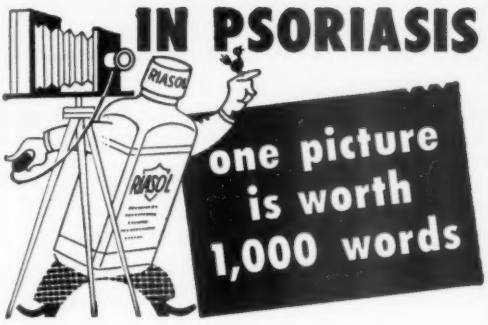
where we spend it. Seemingly membership is on the decline. Why? There is a cause, or causes, it is not a mere coincidence. Perhaps by my opening the door, inviting others to follow, some opinions might be expressed which will give the professional associations something definite to work on.

Of course there is the group who think all people ignorant who do not think as they do, and will not hesitate to let it be known. I think that the time has come when inventory should be taken and changes made before there is a further decline in membership. While some are patting the ANA on the back, there are others who are not. I am one of the latter, and am not ashamed to say so.

The reasons for non-membership are, I am quite convinced, manifold.

There are a number of localities in which there are a sufficient number of nurses, but not enough who are interested. On every small hospital staff there are married nurses, who do not care "what's cooking" in 1976 for the nurses' profession or if anything is "cooking" even as close as 1956. They are working as a favor to the superintendent of nurses and praying daily that some nurse will appear to relieve them. There are others who are working until a new car is paid for, or some other temporary cause. They are not interested in spending money to join an association nor taking time away from their husbands to attend the scheduled meetings.

There are hundreds of small local-



Our album of psoriasis tells the whole story of RIASOL. No sales talk is needed.

Before treatment with RIASOL, the album shows clinical photographs with widespread psoriatic skin patches.

After treatment with RIASOL, the album shows clinical photographs from the same cases with a clear skin or greatly reduced lesions.

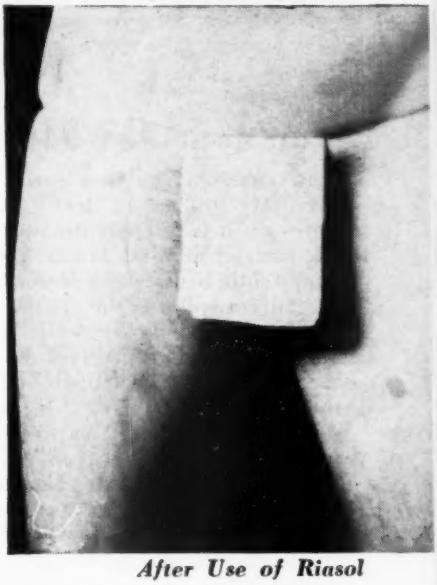
The results speak for themselves. Clinical statistics record clearing of the skin patches or definite improvement in 76% of all cases of psoriasis so treated with RIASOL.

RIASOL contains 0.45% mercury chemically combined with soaps, 0.5% phenol and 0.75% cresol in a washable, non-staining, odorless vehicle.

Apply daily after a mild soap bath and thorough drying. A thin invisible, economical film suffices. No bandages required. After one week, adjust to patient's progress.

Ethically promoted RIASOL is supplied in 4 and 8 fld. oz. bottles at pharmacies or direct.

Before Use of Riasol



After Use of Riasol

MAIL COUPON TODAY—TEST RIASOL YOURSELF

SHIELD LABORATORIES
12850 Mansfield Ave., Detroit 27, Mich.

Please print name and address plainly. Not sent without Reg. No.

RN 11-54

Please send me professional literature and generous clinical package of RIASOL.

..... R.N. Reg. No. .....

Street .....

City ..... Zone ... State .....

RIASOL FOR PSORIASIS

ities in which there are not enough nurses to form a district organization. It is not satisfactory to have to group towns thirty to one hundred miles apart into districts to get enough nurses who would be interested. Therefore, those of us who live and work in small towns have to pay as "undistricted groups." To belong to such a group means dues but *no vote.*

Another complaint: Hospitals cannot be closed like schools, and nurses attend the state nurses conventions in a body. The smaller the hospital, the more inconvenient it is to even allow one nurse time off to attend, as there is not always someone available to relieve her. To belong in such a manner is equal to "taxation without representation."

I, for one, am not in favor of some of the policies of the ANA. As I have not helped to pay to bring them about I shall say nothing. As long as I cannot have a vote to prevent policies that I do not approve of from being passed I won't contribute money toward their support.

Much has been said about the nonmembers sharing equally in the benefits that the ANA has worked to get. I fail to see it from that point of view. In balance we are having to accept some things which were *not* in our favor.

The ANA takes all the credit for increases in nurses' salaries. This should not have been a difficult task when the competing high salaries of industries coupled with the prices that married nurses had to pay for baby sitters and cleaning women

SERVE HUMANITY . . . SERVE YOUR COUNTRY . . . SERVE YOURSELF

Your Career . . . more Complete as an Army Nurse!

Here are three views of one of the finer careers in Nursing . . . three bright reflections of *you* as an *Army Nurse!*

First, you serve humanity, in the highest tradition of your calling. You work in modern Army hospitals all over the world, using the best equipment to make your skills effective.

Second, you use your skills not only for humanity in general, but for your *country* in particular, serving with prestige and honor as a commissioned officer in the U. S. Army.

Third, you have unusual opportunities for personal as well as professional development in the Army Nurse Corps. In addition to broadening the scope of your professional skill, your Army career affords you new, exciting opportunities to extend your social horizons.

Get the most out of your Nursing career. Serve three ways and gain three times the satisfaction from your service. Your life can be fuller, your work more versatile, your career more rewarding, as an Army Nurse.

U. S. ARMY NURSE CORPS

FILL OUT THIS COUPON TODAY R-550

The Surgeon General—United States Army
Washington 25, D. C.
Attention: Personnel Division
Please send me further information on my opportunities as a Nurse in the United States Army.

Name .....

Address .....

City ..... **State** .....

placed it in the lap of the association to accept. It appears to me that salaries are governed by conditions locally, not ANA programs. My pay here is approximately $150 more a month, plus free hospitalization, than I was offered in another state. The only raise that I have ever received was the result of our own battle with the local hospital board which we nurses waged alone. As for the five-day week, for reasons of our own, nurses in my hospital are refusing to accept it. We do not want it.

As for my profiting from the Social Security I am not. It is optional with state, city, and county employes. In my state we did not want it and have a plan that offers more, which we like better.

To be classed as a "professional" I do not intend to pay $20-30 a year in appreciation. A correction from a doctor is not handled through the superintendent's office as it should be done. A doctor is still allowed to vent his temper in an open ward before all of the patients if a nurse makes a mistake, or is not too quick in doing what he wants done. If a nurse in street attire enters a room where a doctor is present he stands in respect to her sex. Why should not her uniform command more respect than her street clothes? It is true that a doctor in a hospital has no time for formalities but the same is true of nurses.

If a female technician enters a room or elevator with a doctor she enters first, but the nurse is supposed to enter last like a slave girl. The

A genuine service to the nurse's profession . . .

"Janet Dean, Registered Nurse"

starring Hollywood's ELLA RAINES

SPONSORED BY BROMO-SELTZER

Every week—see a dramatic, complete story about "Janet Dean, Registered Nurse," based on authentic case histories. Miss Raines portrays interestingly and effectively the career and services of a professional nurse. We sincerely believe that this television series will be an important asset in increasing the public's understanding and appreciation of the modern nurse and her problems.

See your local newspaper for time and station.

SEND THIS COUPON FOR—
FREE 29¢ Bottle of BROMO-SELTZER

Emerson Drug Company, Baltimore, Md., Dept. A

Gentlemen: Please send me free the regular size, 29¢ bottle of Bromo-Seltzer.

Name_____

Address_____

superintendents of nurses, members of the ANA, should have made reforms giving the nurses something to appreciate in receiving the title. Of what advantage is a profession in name only?

Perhaps it shall be said that mine is an isolated case, but it cannot be said that the number of nurses who cannot vote, even if they paid, are few. If the government taxed us for the right to vote and then gave us no opportunity how many of the members of the ANA would stay silent? Why then should nurses without a vote pay dues?

HELEN E. JAMES, R.N.
EAST ELY, NEV.

Membership—A Privilege

Dear Editor:

In the letter, "Compulsory—No," [July, 1954] an R.N. from Illinois asked, ". . . if nursing is to be a profession, how can we have a 'closed shop'?".

In reply, I believe that every R.N., active or inactive, should have active or associate membership in ANA *for professional reasons*. Compulsory membership need not imply a "closed shop." No doctor would be recognized on the staff of an accredited hospital if he were not a member in good standing of the AMA. It is my opinion that membership in ANA, likewise, should be a privilege and a requisite to professional standing.

We shouldn't have to beg nurses to join our professional organization.

WILMA J. WILLIAMS, R.N.
MUSCATINE, IOWA

How Carnation protects the baby's formula from farm to bottle

GUARDS YOUR RECOMMENDATION 5 IMPORTANT WAYS

The physician is assured Carnation guards his recommendation from raw milk to grocer's shelf. *Constant quality control* safeguards uniform high quality, freshness, nutritive values.

1. From the famous Carnation Farms near Seattle, cattle from world-champion bloodlines are shipped to supplier herds to help improve the Carnation milk supply.

2. In the Carnation laboratories, continuing research guards the purity and nutritive values of Carnation Milk – develops new and improved processing methods.

3. Carnation supplier herds and equipment are inspected regularly by Carnation Field Service Men. Only milk meeting Carnation's high standards is accepted.

4. Every drop of Carnation Milk is processed solely by Carnation, in Carnation's own plants, to Carnation's high standards, assuring high quality and uniformity.

5. Carnation store stocks are date coded and inspected regularly by Carnation salesmen to assure freshness and high quality whenever a mother makes her purchase.

The Milk Every Doctor Knows

A NEW IDEA!

More and more physicians are suggesting the use of reconstituted Carnation Milk during the transition from bottle to cup, to avoid digestive upsets, encourage baby's ready acceptance of milk from the cup.

Keep the beauty of your skin

Lanoline supplements the natural
oils of your skin. It provides
protection against the drying
effects of soap and detergents.
• smooth and creamy •
• delicately perfumed • pleasant to use •

'Wellcome'® *brand* Toilet Lanoline

with Solid
and Liquid Petrolatum

To: **BURROUGHS WELLCOME & CO. (U.S.A.) INC.**
DEPT. B3, TUCKAHOE 7, NEW YORK

Please send me a sample of
'Wellcome'® brand Toilet Lanoline
with Solid and Liquid Petrolatum.

Name: _____

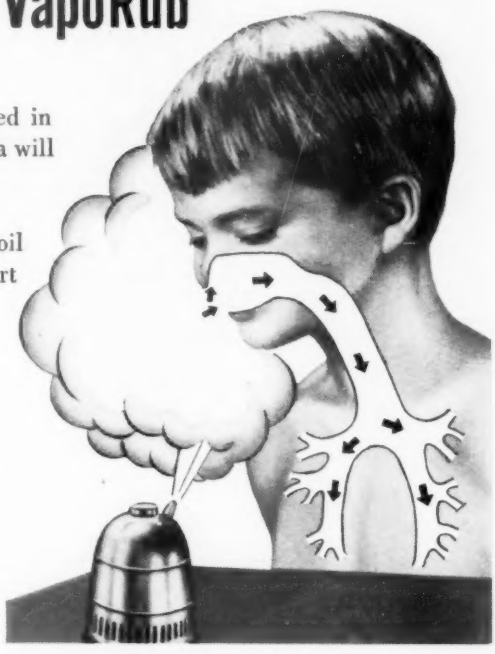
Address: _____

_____

purse size, ¾ oz. tube
desk size, 1¾ oz. tube
for the nursery, 1 lb. jar

free sample on receipt of this coupon

When **steam therapy** is prescribed... Relief may be enhanced with **Vicks VapoRub**



THE volatile ingredients included in the basic Vicks VapoRub formula will make a steam treatment more effective. These ingredients—menthol, thymol, camphor and oil of eucalyptus—offer added comfort to the patient, particularly where dry, irritated mucous membranes accompany respiratory infection.

As there is a jar of Vicks VapoRub in almost every home, it is convenient for you and helpful to patients under your care when you recommend the product. Easy to use in vaporizer or bowl of steaming water.

For your use:

We will be happy to send you a supply of samples for distribution to patients. Just fill in this handy coupon.

VICK CHEMICAL COMPANY
Dept. RN7 Box 1813
Greensboro, N. C.

Please send me, without obligation, a supply of samples of Vicks VapoRub:

*NAME*_____

*ADDRESS*_____

*CITY*_____ *ZONE*___ *STATE*_____

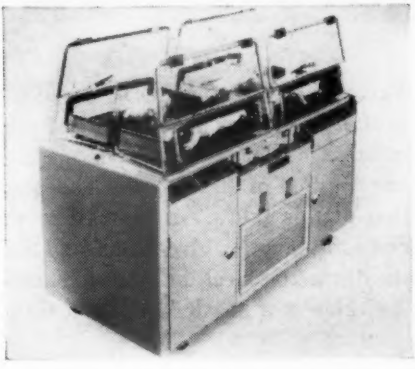
New on the Market

Among orthopedic advances is the lightweight cast material, Melmac Bandage, that encourages early mobilization. Said to be stronger, lighter, and thinner than plaster, it is washable and resistant to water, perspiration, and urine. Made of Melmac plastic resin and plaster of Paris, Melmac Bandage is a product of Davis & Geck, a unit of American Cyanamid Co.➤

A new series of Electresteem automatic electric Vaporizers, that may also double as room humidifiers and deodorizers, is announced by The Electric Steam Radiator Corp. of Paris, Ky. Medicant cups are provided with each unit, and the models, all with safety features, are available in three capacities: one pint, one-half gallon, and one gallon.➤

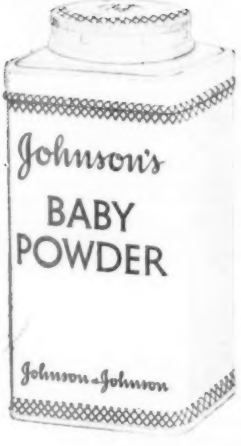
◄A Dynamic Pillow Speaker with wide frequency and good tone control is designed for radio listeners in hospitals, hotels, and homes. For further data and prices of the Dynamic Pillow Speaker and the Magnetic Pillow Speaker (a lightweight plastic unit), write Department K.P., Telex, Inc., Telex Park, St. Paul, Minn.

Twincubator, an electrically cooled, space-saving incubator with built-in safety features, accommodates four infants. Each of the four, full-vision Plexiglas compartments has its own controls for oxygen, fresh air, heat, cooling, and humidity levels. The unit, mounted on rubber casters and made of corrosion-resistant materials, is manufactured by Melchior, Armstrong, Dessau Co., Inc., of Ridgefield, N.J.➤



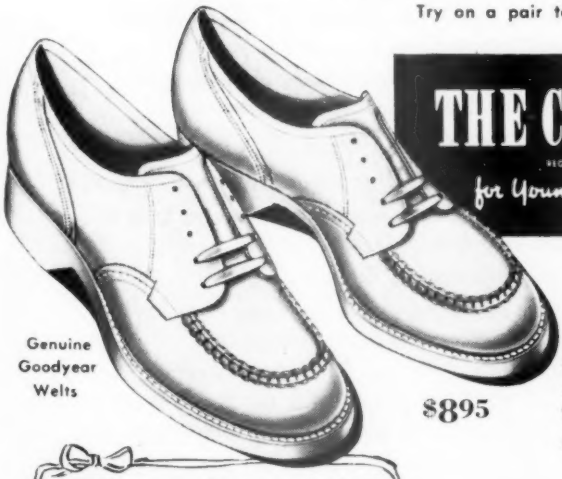
New mothers will go for Goldpins, a set of gold-plated diaper pins in a two-tone plastic box lined with white, pink, blue, maize, or green satin. Goldpins are sold by Ed Weideman, 615 Price Ave., Lexington, Ky., for $1 plus 10c tax.

Perhaps this question has occurred to you: "Why is the texture of Johnson's Baby Powder unequaled?" Here's why: It is made of the very finest grade of Italian talc. The platelet formation of this talc . . . in contrast to the granular domestic talcs . . . gives Johnson's Baby Powder the distinctive "feel," or lubricity, that is so highly desirable in a powder for infant skin care.



YOU can make life easier for **ME?**

Absolutely, darling! Clinics will speed you...
spring you...breeze you...through the day!
Clinics are softer...smarter...stronger!
Try on a pair today.



THE CLINIC SHOE

REG. U.S. PAT. OFF. AND CANADA

for Young Women in White

$7.95 to $9.95

(everywhere, in the U.S.A.)

Genuine Goodyear Welts

$8.95

Style #411, Soft Glovelk, unlined for flexibility. White duflex nap or leather sole.

FOR YOU... a complimentary pair of white shoe laces and the new Clinic folder showing all styles made. Send name and address to:

Clinics available in sizes to 12—AAAA to E
(No extra cost for large sizes)

THE CLINIC SHOEMAKERS, 1221 LOCUST ST., DEPT. RN-11, ST. LOUIS 3, MO.

Now! Pure, cleansing Mennen Baby Oil comes in a new safety-grip bottle!

This famous oil has so *many* advantages for *your* use . . . and for new mothers.

- *It cleanses better without harsh rubbing.*
- *It contains lanolin; is absorbed remarkably fast.*
- *It's non-greasy; leaves no residue on baby or on your hands. It cannot stain.*
- *It's free-flowing, delicately scented.*
- *The safety-grip bottle won't slip out of your hands because of its serrated sides.*

Thousands of doctors and nurses consider Mennen Baby Oil the ideal cleansing oil; the best softener for cradle cap . . . and a preventative, too.

The new, colorful baby-in-the-rose package is so attractive . . . you'll like having it around.

Mennen . . . *Baby Specialist Since 1880*

SQUIBB Nurses Notes

Vol. 3 — 745 Fifth Avenue, New York 22, N. Y. — No. 2

January, 1954

Dear Nurse,

On the breezy corners of New York there is a bright touch of warmth - the chestnut vendor. With his little glowing stove brimming with steaming toasted chestnuts, he stands in a sunny friendly land of his own quite apart from the snow and ice. A universal symbol in cold climates the world over is the chestnut vendor. In France, the Parisiennes affectionately call him "l'hirondelle d'hiver" which is exactly what he is — the swallow of the winter.

NEW YORK C N Y

SQUIBB Nurses Notes brings you the news

"Nurses Notes", the monthly newsletter published by Squibb, contains important, up-to-the-minute medical information of particular interest to nurses. Edited by Miss Joan Barlow, R.N., "Nurses Notes" is prepared as a professional service for members of the nursing profession. Special emphasis is placed on news in the nursing, medical, health and welfare fields. "Nurses Notes" is sent, free of charge, to members of the nursing profession.

If you are not already receiving "Nurses Notes", just fill in and mail coupon.

Miss Joan Barlow, R.N.
SQUIBB, *745 Fifth Avenue, New York 22, N. Y.*

Please place my name on the list to receive your monthly "Nurses Notes."

Name _____
(If R.N., please indicate after your name)

Address _____

City _____ State _____

Field of Nursing _____
(Please indicate)

SQUIBB

"LOW MAN *on the* TOTEM POLE"

■ THE SPEAKER'S VOICE droned on—the same statistics, the same dire forecasts—something *had* to be done to attract more students to nursing . . . Silently, I argued with the speaker . . . no, I said to myself, it is not the students, it's the graduates; something has to be done to make nursing more attractive to the graduates. I can't report what else the speaker said for I was off on the train of thought that has led to this editorial.

What *has* the profession done in the past to keep alive that spirit of nursing that sparks and then glows so inspiringly in the student nurse? Why is it that for too many within nursing, graduation meant the end of a memorable, rich experience and the beginning of a perplexing disillusionment?

Is it because students tend to be idealists and graduates realists? Can a student spend three years in a clinical situation and not come face to face with realism many times?

Is it because the student expects more monetary return as a graduate—and her thirst for professional experience and personal growth is quenched when her salary does not live up to her expectations? Recent surveys of students are revealing (See page 41).

Somewhere in the early years following graduation the profession loses its appeal to, and its hold on, many of its members. And this is too often the case when the graduate remains in hospital nursing service—where the largest group of nurses are employed.

Why *do* so many general duty nurses, soon after graduation, find that they no longer feel toward nursing as they did as students? Is it the fault of hospital administration, directors of nursing service, supervisors? Partially.

Is it the fault of patients? Do patients object to graduates taking care of them? True, some may prefer the *joie de vivre* and the cheerful smile of the student to the dissatisfied, once-removed graduate, but in the main most patients, if given the opportunity, will choose the professional skills and abilities of experienced graduates.

Or, is it the fault of the system—the traditional system of ad-

Editorial

vancement whose dictates we all follow unquestioningly? After examining the system with as much objectivity as one who is caught up in it could be expected to have, I have arrived at a startling theory: General duty nurses, collectively, are suffering from a chronic case of inferiority, for which the nursing profession itself is responsible.

Why hasn't the position of the general duty nurse offered professional recognition for the superior skills of the practitioner? General duty nurses have historically lacked status among other nurses, and doctors and hospital administrators who work with and employ general duty nurses have reflected this attitude. In 1928, when the first report of the Committee on the Grading of Nursing Schools was made public, one of the changes it advocated was taking out of the hands of the students the major part of hospital bedside nursing and putting it into the hands of graduate nurses.

Was this a case of reversing a backward trend—substituting graduates for the students who had replaced them originally as hospital administrators reaped the harvest of cheap labor? That is a likely deduction but not the valid reason. According to the late May Ayres Burgess, "Hospitals started schools not in order to substitute student service for graduate service, but rather in order to substitute student service for practical nurse service." And the Grading Committee wanted graduates to replace students, not because the graduates of that day could do a better job of hospital nursing, but primarily because there had been an overproduction of graduates and a threat of subsequent mass unemployment.

There was nothing in this situation that added status to the position of the general duty nurse. She was replacing a student—her professional skills were equated with those of the student. There was one difference—the graduate received a pay check—a survival salary.

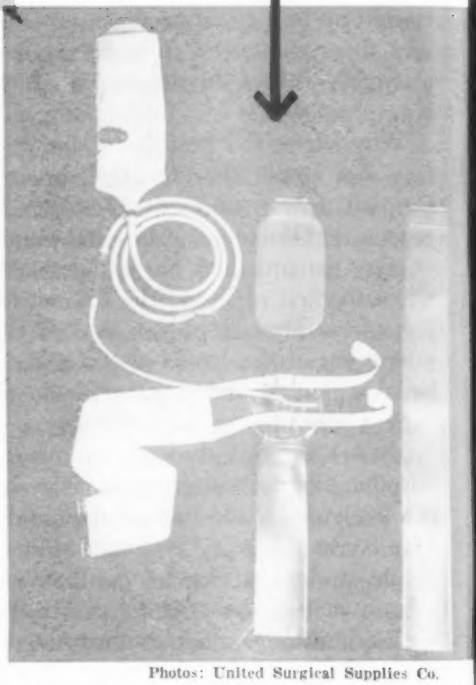
During the depression, nurses held onto their jobs, working for little or nothing, sometimes for just board [*Continued on page* 67]

CARE of the COLOSTOMY

■ SHE RETURNED from the O.R. with a permanent colostomy. Even though she had been told what to expect, she immediately resented her colostomy; was sure she would never be able to care for it properly. In fact, she was so repelled by the result of her operation that she didn't care whether she recovered or not if it meant "living with that thing for the rest of her life." Let's call this particular patient Mrs. Smith for all the patients who must undergo this traumatic experience.

At first, Mrs. Smith was uncomfortable, not only because of the nature of the drainage, but also because of the irritation from secretions of the mucosa of the exposed intestines. Great care had to be taken to prevent the skin around the wound from becoming excoriated. Some patients with low blood protein counts are particularly prone to difficulty from this cause.

Mrs. Smith's colostomy was opened by her surgeon on the third postoperative day. From then on, in doing Mrs. Smith's dressings, the nurse would first wash the abdomen with green soap and water taking care to dry the area well. Then, Vaseline



Photos: United Surgical Supplies Co.

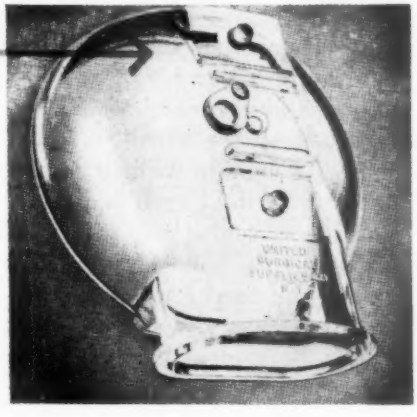
gauze was wrapped around the stoma and a square of pliofilm with a hole cut in the center was fitted over the stoma and the Vaseline gauze. The pliofilm was made to fit more snugly around the stoma by pleating it diagonally and anchoring the pleat with a small strip of adhesive, care being taken that the pliofilm did not constrict the stoma in any way. Gauze squares were placed

at each side of the colostomy and the dressing topped by gauze fluffs and an abdominal pad. The pliofilm was folded back around the dressing and the whole thing secured by a sculletus binder. Montgomery straps could be used but they become soiled and need to be changed frequently, a cause for further irritation of the skin by the adhesive. Where pliofilm is not used, or where the abdomen becomes excoriated in spite of the pliofilm, the doctor may order various ointments and medications.

"Wet" colostomies — colostomies through which both urine and feces are excreted because of the transplantation of the ureters to the colon —are particularly hard to manage. An ointment which is frequently used is aluminum paste. And a thin film of this paste works just as well as a thick layer of it. A good way to remove excess aluminum paste is to soften it first with mineral oil, after which it may be removed easily with soap and water.

Soon the time came for Mrs. Smith to have her first colostomy irrigation. Her nurse explained what she was about to do, and stressed the fact that it was irrigations such as these which would establish bowel habits so that Mrs. Smith need not worry about soiling herself when she started to resume her normal living. The nurse pointed out that Mrs. Smith would soon learn to do her own irrigations, but she did not try to teach Mrs. Smith too much, too soon. It is better to teach these patients a little at a time until they gradually overcome their resentment toward their colostomies. Mrs. Smith's initial depression changed, however, once she learned that *her* colostomy could be so regulated that she would need neither a bulky dressing nor even a rubber colostomy bag, but could depend upon irrigations.

by Althea Powers



Although Mrs. Smith would use a commercial irrigating apparatus such as the Binkley irrigator when she went home, the nurse did the first irrigation using an enema can, rubber tubing, a glass connecting tip, and a #18 French catheter. (The size of the catheter may vary—#16 to #18 are usually recommended although larger size catheters may be preferred by some patients. Also, "wet" colostomies are *never* irrigated because of the danger that contaminated material will be forced into the ureters with the consequent development of an ascending infection of the ureters.)

If Mrs. Smith had had a "double-barreled" colostomy, it might have been necessary to ask the doctor which loop was the proximal one

since it is through the proximal loop that fecal material will drain, and it is through this loop that the patient will have subsequent bowel movements. On occasions, the physician may order that the distal loop be irrigated to clear it of any mucus which may have accumulated. A rectal tube is used for irrigating the distal loop and, if an obstruction is encountered, the fluid is siphoned off. If an obstruction is present, a small enema can also be given below the obstruction, through the anal canal, when the attending physician so orders.

When the proximal loop is irrigated, the patient lies on the left side, as near the edge of the bed as possible. A Kelly pad leading to a bedpan may be used or the returns may be collected in an emesis basin placed closely against the patient's side just under the colostomy. A second emesis basin may be held above the colostomy to direct the flow into the catch basin.

Tap water at 105 to 110 degrees F. is usually used for these irrigations. The catheter is lubricated and the solution is run through the tubing to expel the air. If the catheter is inserted into the opening of the colostomy with the fluid running, the fluid will distend the colon and help make way for the tube. The catheter is inserted for four to eight inches but it is *never forced in*. Sometimes the catheter acts as if there were an obstruction ahead, but this is often only temporary, and is probably due to a peristaltic contraction.

The prescribed amount of fluid is allowed to run in slowly. If cramping occurs, the in-flow may be shut off for a period of time until the cramping has subsided. The enema can is never held any higher than eighteen inches at the very most, for profuse diaphoresis and nausea may result if the can is held too high above the bed.

This is not a procedure which can be hurried, and any impatience displayed by the nurse may only help to intensify the patient's dislike for the procedure, since the patient is apt to interpret this impatience as an indication of the nurse's attitude toward the colostomy. Usually, the procedure takes from 45 minutes to an hour, and it is well to wait 20 or 30 minutes before re-applying the dressing since there is likely to be further drainage during this period.

Irrigations may be given until returns are clear, but it is usually wise to limit the amount of solution to two quarts. In any case, the duration of the irrigation should not extend beyond the patient's physical and emotional tolerance. Because the patient is often weak at first, it is a good idea to give only 500 cc. at first; 1,000 cc. when the second irrigation is given; and 1,500 cc. at the time of the third irrigation—until the needed amount is gradually reached. The exact amount of solution needed depends upon the length and diameter of the remaining colon.

Although the Binkley irrigator can easily be used for the bed patient, Mrs. Smith did not use hers until she became ambulatory. The Binkley apparatus consists of a plas-

tic cup and belt, three rubber sheaths (short and long lengths and a closed pouch), and an irrigating can complete with tubing, connecting tip, and catheter. Patients often devise their own irrigating standards by putting a stool atop a chair or, in some bathrooms, the window sill may be at a convenient height.

With the Binkley apparatus, Mrs. Smith could sit on the toilet and do her own irrigation. She would insert the catheter through the opening in the plastic cup, lubricate it, and, with the solution running, insert it into the colostomy opening. When the fluid had run in, she would clamp off the tubing and allow the solution to flow back out around the catheter and down the rubber sheath attached to the cup into the toilet.

Following the irrigation,* Mrs. Smith would remove the catheter, close the opening of the cup, and attach the closed pouch for about half an hour until she was reasonably certain that almost all drainage had ceased. The rubber sheath and plastic cup were washed well with soap and water and rinsed. The cup may be soaked in aqueous Zephiran 1:1,000 for 30 minutes; it is never boiled or placed in Cresol.

The shorter rubber sheath is used when the patient is ambulatory, and the longer sheath is used when the patient is on bed rest since it will reach to a bedpan on a chair. It is not necessary for the patient to purchase a complete apparatus; only those parts need be obtained which the patient uses. Recently, it has become possible to buy new disposable plastic sheaths in lots of 100.

Patients usually take a warm tub bath following an irrigation. This helps to dispel the sense of uncleanliness which troubles some and also helps to relax the muscles around the colostomy which often feel stiff following irrigation.

Once Mrs. [*Continued on page* 71]

*Nurses' instruction charts on the use of the Binkley irrigator are available free of charge on request from United Surgical Supplies Company, 650 Halstead Avenue, Mamaroneck, New York.

MULTIPLE SCLEROSIS CLINIC

• A new approach to the problem of financing badly needed clinics is discussed by the Commission on Chronic Illness in its report on the opening of the Multiple Sclerosis Clinic in South Orange, N.J. It is believed that this clinic represents the first time that a group of sufferers from a disease have pooled their physical and financial resources to open a clinical center to provide care for its members and other similarly afflicted persons. The North Jersey Multiple Sclerosis Club, which sponsored the clinic, is an independent unit, not affiliated with any state or national organization. All of the members of the four-year-old Multiple Sclerosis Club are afflicted with multiple sclerosis.

WHAT RESEARCHERS ARE FINDING IN NURSING

by Frances Elder

■ FOLLOWING the lead of other professions that have sought to diagnose and treat their troubles through research, nursing is also attempting to analyze its difficulties through the use of various research tools.

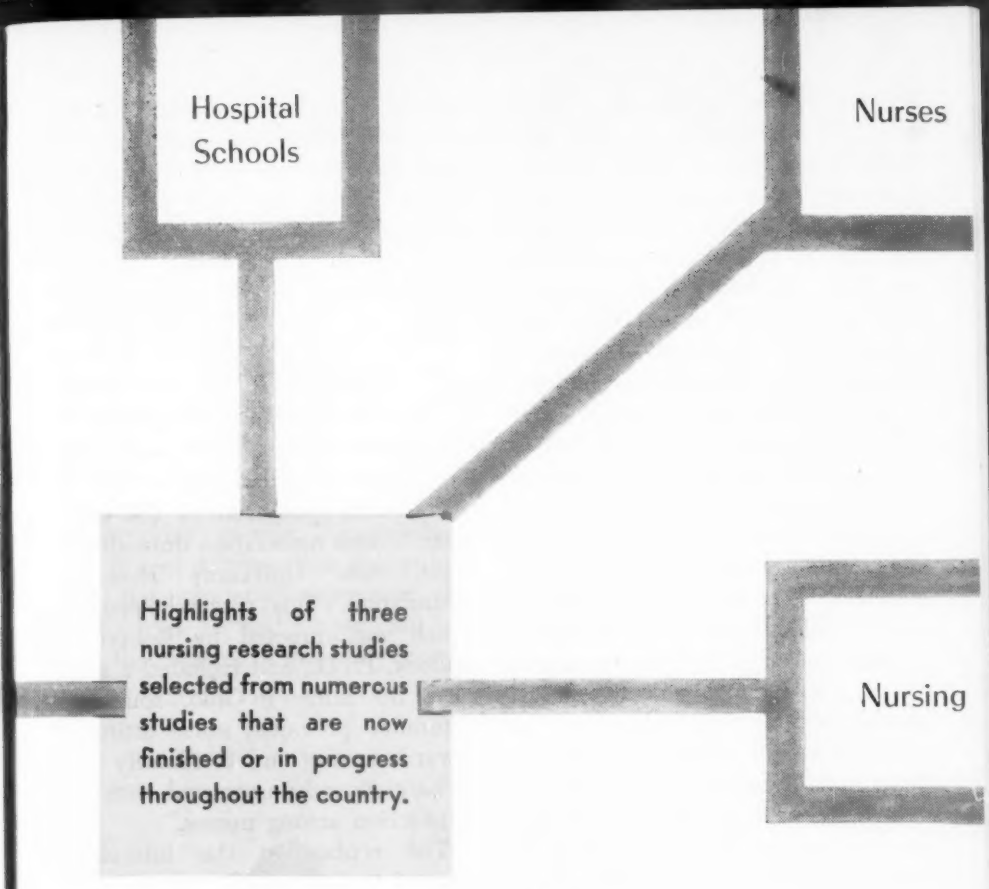
A Study of the Educational Programs of Hospital Schools of Nursing

One of the areas of nursing, now in a state of ferment, is nursing education. And one of the focal points of criticism in this area is the hospital school of nursing. It was inevitable, then, that this should be the subject chosen for study by a relatively new organization, the National Organization of Hospital Schools of Nursing.

Although the report, "A Study of the Educational Programs of Hospital Schools of Nursing," is based on questionnaire returns from a limited number of hospital schools—only 26, the research staff emphasizes that its sampling "is more extensive and more representative than that for any similar study of educational programs of hospital schools of nursing" encountered in the professional literature. In any case, some of the findings will be of interest to nurse educators as well as to hospital administrators, for the study reflects the opinions and attitudes of people directly connected with the hospital school rather than the opinions and attitudes of those concerned with the collegiate school.

In the study, the research staff tried to obtain from seven groups in the twenty-six hospitals three general types of data "pertinent to an objective and systematic appraisal of the comparative strengths and weaknesses of current educational programs of hospital schools of nursing." The respondents included hospital administrators, directors of nursing, directors of nursing education, physicians, faculty members, alumnae, and third-year students in nursing.

The first category of findings, which deals with the evaluations made by the respondents of various aspects of their hospital school's educational program, shows that each of the seven groups believes almost all of twelve listed nursing functions or duties to be either highly important or fairly important. Physicians tend to believe certain functions are less important than do other groups. For example, about one-fourth of the doctors consider the following functions or duties to be either un-



important or not desirable: give general health instruction; coordinate services of other health workers contributing to patient and family care; and undertake research related to health care.

Among all the groups, the function "care of the sick" was accorded a much higher number of ratings as "most important" than the other duties listed. Two other duties receiving the most emphasis were "physical and emotional care of the patient" and "carry out treatment prescribed by physician." Physicians and hospital administrators placed much less emphasis on the "prevention of illness" and the "promotion of health," than did the other five groups.

Also reported are the evaluations of the groups concerning the most satisfactory and least satisfactory instructional practices or conditions. On this subject, faculty members, alumnae, and student nurses each

indicate a more satisfactory rating for "the appropriateness and efficiency of teaching methods" than for eighteen other statements. According to the report, there is no one practice that is universally classified as "the least satisfactory." However, a study of the tables reveals that "laboratory" and "student conference" are considered by many respondents to be the "least satisfactory."

When third-year student nurses were queried about twenty aspects of the instructional program, each aspect received a larger proportion of favorable rather than unfavorable appraisals. Those rated most favorably included instructional materials, preparation of instructors, consistency of instructional objectives, systematic organization of lectures, appropriateness of assignments. On the debit side, however, about 41 per cent believed that considerable material covered in lectures could have been presented in some other way. Also, 48 per cent did not think that sufficient account was taken of differences in the backgrounds and abilities of students.

It is interesting to note that in the section referring to the appropriateness of the amount of time spent in the indicated areas of instruction, most of the areas are more frequently listed as receiving *too little* time than they are listed as receiving *too much* time. In another section, the groups seem to agree that the clinical experiences in medicine, surgery, obstetrics, pediatrics, and psychiatry are much more highly satisfactory than are those in the out-patient, tuberculosis, communicable disease, and public health services. In general, physicians are most critical and student nurses are least critical of the general adequacy of experiences provided in the general clinical services.

What Do Nurses Think of Their Profession?

For a detailed statistical picture of what nurses think of their profession, we can now refer to findings revealed by research sponsored by the Ohio State Nurses Association through the Ohio State University Research Foundation. This research project, which was directed by Robert P. Bullock, Ph.D., and included a sample of 500 nurses in Ohio, "sought to determine prevalent nurse attitudes toward nursing and to identify factors significantly associated with job satisfaction among nurses."

The replies to the interviews showed that, generally, nurses view nursing as a "highly disciplined, regulation-ridden occupation requiring obedience and the uncomplaining acceptance of orders and criticism in the performance of duties thought to require an unusual degree of precision and exactness." Nursing, it appears from the nurses' answers, does not encourage any unusual degree of information or understanding of business and social conditions; nor does it offer unusual opportunities for recreation and social activity. A minority of the nurses questioned feel that the occupation tends to make nurses hardened, grouchy, and old-maidish.

In many areas there is a correla-

tion between the nurse's appraisal and her job satisfaction. For example, those who indicated they were dissatisfied or less satisfied with their jobs tend to agree that nurses become more hardened and less feminine than women do in most other occupations. Those who are more satisfied in their positions are inclined to say that this is not so.

Institutional nurses generally agree that nursing is looked upon by the public as a profession and that nurses are recognized as being very hard-working people. Nevertheless, 61.2 per cent agree that the public does not properly appreciate the work nurses do, and 62 per cent believe that nursing is generally looked upon as an unpleasant occupation. Almost 60 per cent feel that the public looks upon nurses as somewhat special servants, and 54 per cent agree that most lay people think nurses are "faster" or freer in sex matters than most other women. Again, there is a connection between the nurse's estimate of public opinion and job satisfaction. As might be expected, the tests show that the nurse who believes the public thinks nursing is unpleasant tends to be dissatisfied with her job.

The survey reveals that few nurses consider hospital nursing service as a professional career. *In fact, only 12.2 per cent state that they plan to make this type of nursing a*

Probie

"Only a puncture wound?"

career. About 5.2 per cent are planning to teach in nursing education and 6.2 per cent plan careers in nursing administration. The rest—76.4 per cent—regard nursing as a desirable job to supplement the husband's income, plan to stop active nursing upon marriage, or follow other plans. Almost 20 per cent of the hospital nurses questioned report that they will change to other lines of work or study.

In general, there was a lower level of job satisfaction among hospital nurses, especially among general duty hospital nurses. Doctors' office nurses showed the highest job satisfaction scores. It appears from the results of the research that the factors associated with satisfaction in nursing are related to independence of action and self-direction, and opportunities for various social activities and recreation. It is also concluded that nurses who see that their leaders have little interest in their success, or who neglect to pass along necessary information, or who fail to champion their causes, tend to be the less satisfied nurses.

When asked about their working relationships, 50 per cent of the nurses agreed that certain members of their group do less than their fair share of the work, and over 46 per cent indicated that they are often assigned duties which are not regularly theirs.

Nurses commonly perform a variety of duties that are the responsibility of some other type of worker. Among the duties listed as doctors' duties, over 50 per cent of the hos-

Science Shorts

There is no common answer to the question of whether an epileptic should marry, according to Dr. O. P. Kimball, writing in *The Wisconsin Medical Journal*. If the diagnosis is brain injury with convulsions, there is no reason to worry over heredity. However, if the diagnosis is genetic epilepsy, the disease could be passed on to children or grandchildren.

■

A junior taste panel helps Eli Lilly and Co. decide what flavors to use in pediatric drug products. For tasteless tablets, the junior jury also shows how color preference influences acceptability of medicine by children.

■

A natural blood protein, which plays an important role in resistance to disease by destroying bacteria and neutralizing viruses, has been isolated by researchers at Western Reserve University. The discovery of the protein material, called properdin, is causing scientists to speculate whether man's natural immunity to disease can be bolstered by supplying the properdin that he may lack.

■

The Metropolitan Life Insurance Co. states that from 1940 to 1953, maternal mortality in the U.S. decreased by four-fifths, from thirty-four deaths per 10,000 live births to about six per 10,000.

■

A preliminary report on Finnish baths, or Sauna, by Dr. Nila Kirkpatrick Covalt in the *American Journal of Physical Medicine*, notes that circulation is increased during the baths and excessive perspiration eliminates wastes. The most significant finding among five women who took a weekly Sauna bath for 12 weeks was a rise in body temperature to above normal levels, accompanied by an increased sense of well-being.

Army officers, reporting in the *JAMA* on the medical effectiveness of body armor in Korea, recommend the eight-pound, nylon armor for civilians in the event of a mass disaster. Field trials showed that the armor was most useful against chest and abdominal wounds, when bullet or shell fragments hit at an angle or were of low velocity.

■

The new Cohn blood fractionation machine takes whole fresh blood from a donor and immediately processes it chemically and mechanically into blood derivatives. The machine is named after Dr. Edwin J. Cohn, famed researcher.

■

A new surgical technique, described by Dr. Merle L. Hale in *The Journal of the American Dental Association*, allows the "wisdom tooth" to be transplanted to the former site of a missing first molar. In advocating this procedure for certain persons, Dr. Hale writes that almost half of the teen-agers of today will become dental cripples through the loss of one or more first permanent molars.

■

Four out of five women wear ill-fitting shoes, reports the National Foot Health Council. Council Chairman, Dr. Joseph Lelyveld says that women suffer from fads and fancies of shoe styles.

■

Radioactive bacteria, used at the University of Michigan's School of Public Health for bacteria measurement tests on five common kitchen materials, showed that stainless steel, glass, and china had a 97 to 99 per cent removal of bacteria after washing. The removal of bacteria from aluminum and plastic surfaces was rated at 56 to 85 per cent. Among materials worn by usage, stainless steel proved to be the most easily cleaned.

pital nurses said that they frequently or occasionally give I.V. infusions, medications, or transfusions, write orders given by doctors, tell the family or patient of the patient's condition or treatment, change extensive or complicated dressings, and start drainage or suction procedures. Three of the doctor's duties—changing extensive or complicated dressings, starting drainage or suction procedures, and removing sutures—are most frequently performed by those nurses classified in the less satisfied group. Also, the nurse aides' duties of making beds and giving baths are more often performed by the less satisfied nurses.

When given a choice of nursing, school teaching, and social work, only 10 per cent of the respondents selected nursing as requiring the greater amount of education, only 18 per cent chose nursing as most respected by the public, and only 23 per cent selected nursing as offering the greatest financial reward.

In order to determine whether differences exist between the reward anticipations of student nurses and experienced registered nurses, 100 students were asked the same questions as the R.N.'s. The responses of the two groups differed significantly. For example, 47 per cent of the student nurses at the Ohio State University School of Nursing selected nursing as the best of the three occupations in providing financial reward, while only 20 per cent of the staff nurses working at the Ohio State University Health Center Hospitals chose nursing as best in this re-

spect. It was found that student nurses anticipate such rewards as superior financial return, variety in work activity, opportunity for self-direction in one's work, and prestige.

As far as changes in the nursing profession are concerned, nearly 64 per cent of the graduate nurses state that they wish that they had more training and experience in psychotherapy. Sixty per cent believe that nursing education today does not involve too much book learning, and 60 per cent say that they would prefer to have more time than they now have to give to ordinary bedside nursing care.

For Better Nursing in Michigan

From Michigan comes a report of a survey of nursing needs and resources in that state. The study, financed and published by the Cunningham Drug Company Foundation, was sponsored by the Michigan Board of Nursing, the Michigan League for Nursing, and the Michigan State Nurses Association. A representative of the U.S. Public Health Service, Division of Nursing Resources, directed the study.

Similar in scope to other studies conducted in various states, this survey "was seen by the sponsoring organizations and by the Cunningham Drug Company Foundation trustees as a first step in a rational approach to the provision of adequate nursing services in Michigan." Almost 3,000 nurses and more than 400 others returned questionnaires giving data reported in the Michigan study.

According to the report, in 1953, Michigan ranked seventh in the total number of registered nurses employed, fourth in the number of industrial nurses, and ninth in the number of public health nurses. General hospitals reported vacancies that averaged up to 22 per cent for professional nurses and 15 per cent for non-professionals.

Figures indicate that public health nursing service in Michigan has decreased steadily over the past ten years. In 1942, there was one public health nurse for about every 5,500 Michigan citizens. Today there is one public health nurse for about every 8,000. Many public health nurses, it seems, are practicing with little or no preparation in this field. Other serious shortages are represented by members of nursing school faculties teaching without the proper qualifications and nurses without supervisory training who are responsible for directing nurse aides.

Particularly interesting are the nurse utilization studies included in this research. Statistics from three hospitals show that during five days of study, 11-22 per cent of all the nursing time observed, or about 1,000 hours of nursing time, was devoted to activities of other departments. Dietary activities on the units studied in two hospitals consumed 500 hours of nursing time. It was found that professional graduate nurses in the three institutions spent less time on duty in the presence of patients than did other personnel. During the time away from the bedside, these nurses were mainly concerned with [*Continued on page* 78]

CANDID COMMENTS: *We Determine the Future*

■ I NEVER COME AWAY from professional meetings these days without a profound sense of the revolutionary changes in the health scene; nor without marked impressions of our reactions to these changes. In the meetings of hospital, medical, and nursing associations we are acutely realizing the effects of these changes; we are more soberly coming to grips with them. Today's problems must be met to ready ourselves for a larger tomorrow. At the same time I am sharply aware of the fact that the weakest link in the chain is our own slow motion as individuals in recognizing and accepting the effects of these changes on our own situations. We humans are prone to approve new ways in principle, but we delay in applying them to ourselves.

Janet M. Geister

The new health problems have piled up with incredible speed and size. The great multiplication of health personnel; the changed nature of disease; a growing population with long-term health needs; all these have factored in creating new problems as they have solved old ones. The old, simple relationships between hospitals, doctors, nurses, health agencies, and patients have been vastly disturbed. The quick growth of specialties in all areas, as more concentrated skills are required, has created new isolations between our groups. In the swift move to diagnose and restore, the patient has lost his identity as a person. One ex-patient reports that in one day 27 different persons entered her room on 100 missions, yet none recognized her as Mrs. Jones, housewife, only as someone in need of some procedure. Medical and nurse educators, overwhelmed by the fast accumulation of medical knowledge, struggle valiantly to find the ideal curriculum. In meetings, the discussions are on such subjects as hospital-medical staff relationships, nonprofessional nursing aides, atomic warfare, nursing homes, prevention of chronic disease—subjects that a few decades ago held little interest for most of us.

The momentum in health and welfare activities is gaining tremendous force. Our people want not only freedom from disease; they want health, life abundant. They want their latter as well as their earlier years to be enjoyable years, not endurance contests. Furthermore, as world tensions rise, we live, and will continue to live for years to come, under the shadow of war. It would be utter folly to plan our health activities only on peace-time demands. This fact makes it doubly essential that we develop every possible economy and effi-

ciency in the use of personnel and resources.

No one can alter the fact that change is inevitable in every realm of life—nor the fact that whatever good or bad comes from change depends upon the way individuals in the mass react to it. We know that all new movement is not necessarily progress *forward*, but it is in that direction. I always think that making progress is like walking up hill in new snow; we take two steps forward and one back, as we grope for secure footing. We move forward along the best path when the majority trample the snow together.

The most essential element in trying out new plans is not the skill of the plan, but the understanding attitude of those who participate. S. Daphne Corbett,* writing about an experiment in team nursing, says, "Many more intangibles are inherent in developing a philosophy than in putting a plan into action . . . The members of the team must develop similar attitudes." We must keep in mind that being receptive to an idea and participating in an experiment does not commit us to the idea itself. We commit ourselves only to finding out how it works and what we can learn from it. Every failed laboratory test proves something that can be used in bettering the next test.

Many things, of course, beside our personal attitudes go into solving today's problems and readying ourselves for tomorrow. But shall we wait until personnel practices improve quite generally; until we know precisely where the nonprofessional worker fits in; until the nurse is back with her patient, before we ready our own minds and spirits? Is it ever possible to work out these problems equitably without the full participation of nurses with "similar attitudes"?

One difficulty in readying ourselves for the future is that the faith of a considerable number of nurses has been deeply shaken. When we know some of the practices that these nurses have had to abide, it is not hard to understand this shaken faith. Our associations officially endorsed the use of trained, oriented, supervised, and correctly used, nonprofessional workers. The exploitation of this endorsement by some administrators without any official protest from us has brought deep despair to these nurses. They see dearly guarded standards of patient care gone out of control. They see little effort to educate the public on the various grades of nursing that now prevail, nor any warning that the white uniform and cap are no longer an assurance of professional care in some hospitals.

These wrongs are part of the problems brought by the changes—they are widespread but by no means universal, and the moves toward their solution are steadily gaining. Just now, for example, comes the report from the National League for Nursing of the "Nursing Aide In-Service Training Program" co-sponsored by the NLN, the U.S. Public Health Service, and the American

*"Institutes on the Team Plan," by S. Daphne Corbett, R.N., *American Journal of Nursing*. Feb., 1953, p. 219.

Hospital Association: "In six months of operation, 257 institutions employing 12,000 aides were participating in a national program designed to improve patient care given by aides in hospitals and nursing homes."

It takes longer to correct a problem than to make one. There is no doubt that nursing has incurred losses in the turmoil of change, but what profession hasn't? I suggest a reading of the September 11th issue of *The Saturday Review* for an understanding of the bitter battle in general education between the "progressives" and their opposites. The professions have made gains, too, and will make greater ones, and they will not go out of business. I've watched the scene too long not to know that in the actions organized around human good the move is inexorably in the right direction. The things that are wrong are finally shaken; those that are right endure.

It seems to me that one of our greatest obstacles in planning for the future is the failure of many of us to identify ourselves with that future. Women appear to be less prone to long-term planning for themselves than are men; and nursing, with women heavily in the majority, seems especially vulnerable in this respect. Nursing, though highly intensive, does not promote reflective thinking. We are much too busy with today's drive to think about ten years from today. But with all the other changes of the past half century have come social and economic changes that should lengthen our sights.

There are few nurses active today who do not have some stake in nursing's future. A few decades ago practically all active nurses were unmarried. Today married nurses are in the majority. Nurses, like women in general, are more and more combining careers with home-making. This trend which has steadily gained strength despite ups and downs in the business economy, has all the earmarks of permanency.

Today, women constitute one-third of our labor force, including all fields, professional and otherwise; 55 per cent are over 35 years of age. They have entered almost every field of work, except heavy industry and those forbidden by protective laws. They are no longer, in the main, considered emergency help as in war stress, but have made a distinct place for themselves on the production line. Their productive ability is shown in the "equal pay" laws already enacted in 13 states.

While the need for more family income is a major immediate influence in this move, there is a psychological need too. New outlets for energies must be found as children grow up and as mechanical aids lighten housework. Most of us prefer work to idleness, if we can gear activities [*Continued on page* 69]

1954!

SERVANTS: *Privately employed servants, with the exception of trained nurses, must use service elevator.*

Taken from the "house rules" of The Lexington, 157 E. 72nd St., N.Y.C.,

The Difficult Art of Patienthood

© MEDICAL ECONOMICS

"Sure, Honey . . . I'll take you down to the office Saturday and give you a few tests."

■ POSSIBLY THERE is such a person as "the perfect patient," but I very much doubt it, at least not as he exists in the medical mind. There was a time when I supposed, naively, that all you had to do to be a patient was to lie back on the pillows with a wan smile and let things happen. Nothing could be further from the truth. Being a patient is hard work. Being a "perfect patient," I contend, is impossible.

As the wife, niece, sister-in-law in duplicate, cousin, and friend (I hope) of doctors and nurses, I have picked up a lot of conversational crumbs concerning the medical concept of this imaginary creature. Not that my friends and relatives are free with their talk. Quite the contrary. But can I help it if, as I pass the telephone, I hear one doctor remark to another—"Well, she's pretty reliable. If she says she has pain, she probably has," or, through the open hospital room door, "Oh, 529? She's always complaining. Give her aspirin!" I'm no little pitcher, but I have big ears.

From a mass of such conversational data, I have deduced what the medical world admires in its victims. To attempt to live up to it would invite a case of galloping schizophrenia. The ideal patient, I have learned, gives her doctor a recital of symptoms as lucid as a textbook, never complains, is always cheerful, is pleasantly intelligent, never thinks for herself, knows all the symptoms which indicate a call to her physician, does not call for unimportant

*by Margaret F. Howe**

details, never makes a diagnosis, is irresponsible, is attractive, interesting—and impossible.

The result of my research on the subject is that when I have reason to consult my doctor, these remembered remarks whirl through my head as I sit in the waiting room, and in my determination not to fail my friends and relatives in this patient business, I face my physician with a silly grin, a vague description of symptoms which would confound an Osler, and a mad wave of the hand that implies that a temperature of 104° or an excruciating pain in my side is quite the merriest thing that has happened to me in a long time.

Take the simple problem of getting over to the doctor just what is wrong. After a few jolly, opening remarks we are expected to get down to business. This is the place for the clear, unbiased recital of symptoms. But just try to be unbiased about a pain in your side! The idea is to tell what is wrong, but without any suggestion of *complaint*. Now that is delicate ground. She who complains, I regret to say, is open to the suspicion that she might be NEUROTIC. My own fear of that label is so great, my visits to the doctor turn out about like this: "Hello, Dr. ——— (cheer in my voice and mien). Oh I'm *just fine,* thank you." (Dr. ——— looks perplexed. After all, why am I in his office?) "And how are you?" (not such a good question—he isn't asked often, and it is likely to set him off. Doctors do not enjoy perfect health either, surprisingly.) "Well, I do hate to mention it, but there is the little matter of my knee. Of course, I am probably just imagining it, but it *does* sort of seem to me it is quite black and blue, and it might be three or four inches larger than the other one, although it may be the way I'm looking at it. And could that be a bright red streak going up my leg? Silly of me, but it seems just a wee bit painful....." After which poor Dr. ——— doesn't know whether to examine my knee or my head.

A patient should have a blank mind. It might seem to the casual thinker that a woman who calls her doctor and says "Good morning, Dr. ——— (cheerfully, of course). I have a pain in my right side, a low fever, and nausea and vomiting, and wonder if I might have appendicitis," is a rather thoughtful lass. Not at all. This woman is guilty of a grave offense. She has committed the cardinal sin of self-diagnosis. Now actually, I see perfectly well why self-diagnosis is dangerous, but it would require an imbecilic mind to avoid some measure of it. The magazines and newspapers have been full of information about tuberculosis, diabetes, cancer, appendicitis, for years. The effort to educate the public in the warning symptoms of disease has already reaped quite a reward in its contribution to a rising health rate in the nation. Yet let any

*A doctor's wife, Mrs. Howe obviously knows whereof she speaks.

eager beaver put two and two together and come out with a tentative answer, and she risks a superior remark, in an aside, no doubt, to the effect that this after all, is a "lay diagnosis." The perfect patient should recite her symptoms in clear, unbiased fashion, without having the faintest notion whether she might be coming down with the flu or going to have a baby!

Once officially pronounced a patient (it wasn't imagination after all, and somehow, miraculously, Dr. ——— has made his way through the maze of symptoms and apology to a diagnosis), you are then expected to Be Cheerful. I don't blame anyone for liking a cheerful patient, but I do say it is sometimes hard to be one.

No matter if your midriff feels as if it were being used for bayonet practice, when your doctor walks in you are expected to raise your head, offer a welcoming grin, and be prepared to carry on a lively discussion of the Dodgers' season, the tax issue in Congress, or T. S. Eliot's new play, depending upon your choice of doctors. Here it comes to mind that one might well choose her physician by consideration of his extracurricular interests and probable conversational proclivities.

Furthermore, it is appreciated if you look a lot better than you feel. Only the most uninspired patient wears a hospital gown an hour longer than required. The nearest I ever came to murder was when a kindly doctor, who really meant no harm, came into my room the Morning after the Morning before, and sank down comfortably in the arm chair. I wasn't a bit comfortable, and was probably just jealous. As he lit his pipe he looked me over, and what he saw was a pretty dismal sight—disheveled hair, no make up, rumpled hospital gown. Between puffs on the pipe, he remarked that a friend of mine down the hall was looking mighty pert this morning, lipstick on, hair brushed, and wearing a gorgeous blue nightgown. I rose feebly in my bed, reached out for a book on the table, which it was my honest intention to heave in his direction. But he had me there; I was too weak.

A patient should also, I fear, be absolutely irresponsible. Once she enters the hospital, she is enjoined to "forget all about home," or office. She is just to "rest and get well." She isn't to give a thought to when she will be able to go home, much less inquire about this Top Confidential secret. All things work out in time, and some bright morning her attending physician will announce happily that this is the Day. It will turn out that it is the very Day that the housekeeper, or grandmother, or whoever is stuck with the family, has started a big washing, hasn't touched the collected dust and confusion, and is planning pancakes for supper. I wonder what any doctor would really think of a woman who could obey this injunction of his, and who could selfishly lie back in the hospital and *not* worry about her house, her children, her husband, and [*Continued on page* 70]

Calling All Nurses

Englewood Hospital, Chicago, Ill., alumnae: We wish to compile a new list of members. Please send your maiden and married names, year of graduation, and present address to: Therese Kelly, 10820 S. St. Louis, Chicago 43, Ill.

Memorial Hospital of Rhode Island graduates: We're trying to bring our Alumnae Association files up to date. Would you please send your name and current address to Joan P. Cunningham, 83 Oakland Ave., Providence 8, R.I.

Mary Grichnik: From Norwegian American Hospital, Chicago. We affiliated together in psychiatry at Downey, Ill. I'd like to know her present whereabouts. Mrs. Gladys Owenson Holm, Jewell, Iowa.

Mother Cabrini Hospital, Chicago, Ill., graduates: We are trying to get our mailing files up to date. If you are married or have changed your address, please send your maiden name, married name, and address so we can contact you for future activities. Mrs. F. Puccini, 1200 Cabrini St., Chicago, Ill.

Bryce Hospital, Tuscaloosa, Ala., graduates: Please send me your name and address so we can send you invitations to the alumnae banquets. Thelma B. Trainham, Box 932, Bryce Hospital, Tuscaloosa, Ala.

Class of 1929, Methodist Hospital, Brooklyn, N.Y.: Please send present address to alumnae secretary or to me. Mrs. Ella L. Benton, 25 West Elm St., Greenwich, Conn.

Prairie View Hospital Training School, Prairie View A and M College, Prairie View, Tex., graduates: Your alumnae association was organized in April of this year. Next April we hope to have as many graduates as possible attend our Homecoming. Please send your maiden name, present name, address, and year of graduation to alumnae president, Mrs. Emma Griffin Harrell, Box 901, Crockett, Tex.

Chicago Baptist Hospital graduates who may have been there when I was in training: I would like to hear from you. I am a 1903 graduate. Mrs. Gertrude Jackman Allen, 1308 Center St., Watertown, Wis.

Prospect Heights Hospital (Brooklyn Maternity, Homeopathic Hospital) Alumnae Association desires the names, addresses, and years of all graduates. The 50th Anniversary of the association will be celebrated Feb. 16, 1955—we want you all to come! Contact the Alumnae Association, Prospect Heights Hospital, 775 Washington Ave., Brooklyn, N.Y.

Graduates of Good Samaritan Hospital School of Nursing, Portland, Ore.: We are planning another news bulletin. Please send maiden and married names, addresses, and year of graduation, as well as interesting happenings of yourself and classmates to Dorothy-Jane Edwards, 2934 N.E. 20 Ave., Portland 12, Ore.

Queens Co., N.Y., nurse veterans of World Wars I and II and Korea: Please communicate with the Adjutant, Mrs. Juliana J. Keenan, 135-06 97th St., Ozone Park 16, N.Y., who will invite you to a meeting of Queens County War Nurses Post of the American Legion.

1943, 1944, 1945 graduates of Columbus School of Nursing, Great Falls, Mont.: Please send us a graduation picture to put in our Photoplex. A small print about 2" x 3" will suffice. No pictures can be returned. Columbus School of Nursing, Great Falls, Mont.

THE ENZYME ERA

■ THE INSISTENT BEAT of the "ad" writers' tom-toms in recent months has, no doubt, impressed the words "enzyme" and "anti-enzyme" on the public consciousness. It is unlikely, however, that such publicity has given people any real understanding of the nature of enzymes or of the anti-enzyme concept in the treatment of disease.

The torrent of words about toothpastes and meat tenderizers gives the impression that enzymes are newly discovered mystery chemicals, handy for helping to soften up and digest a tough piece of meat, but bad for teeth, because they form acids that bore holes in enamel. Actually, enzymes are neither new nor limited in their action to food digestion, and enzyme inhibitors are important in the treatment of conditions much more serious than dental caries. Enzyme actions have been observed and put to use by man for thousands of years, as, for example, in the fermentation of cereals and fruits to form alcohol; and doctors have long employed certain enzymes in the treatment of gastro-intestinal conditions caused by a lack of the natural substances in the digestive juices.

Only rather recently, however, has science seen that enzymes are essential, not only to digestion, but to every other life process, including growth, reproduction, nerve impulse conduction, and muscular contraction. Application of this newer knowledge of the nature and function of enzymes to medical problems has already produced new weapons in the fight against disease, and there is every reason to believe that enzyme studies now in progress will result in advances in medicine that will dwarf even the rapid gains of recent years. Further knowledge of how enzymes act in health and disease may lead to almost limitless medical achievements, including cures for cancer, diabetes, and mental disease, as well as to methods of slowing down the aging process and maintaining vital

by Morton J. Rodman

organs in smooth working order, despite advancing years.

Before discussing the enzymes that have already been put to practical use in clinical medicine and the recent research that appears to place us at the threshold of new drug developments for the treatment of numerous infectious and organic diseases, it may be useful to review our knowledge of what enzymes are and the way they work in cellular chemical reactions.

Enzymes present in the cells of every plant and animal from bacteria to man play a vital part in controlling the ceaseless series of chemical reactions that characterize living cells. Each of the thousands of chemical reactions going on in the cell is believed to require the intervention of a separate enzyme system. Some enzymes convert complicated foodstuffs into simpler substances that other enzymes rebuild into body tissues. Certain enzyme activity results in the generation and storage of energy, which still other enzymes draw off from the biological storage batteries as it is needed to transmit a nerve impulse, move a muscle, or produce a heart beat. The energy required for these body functions, and all others from breathing to thinking, is supplied by a series of step by step reactions that are controlled and coordinated by systems of enzymes that work to release energy at each step of the cycle.

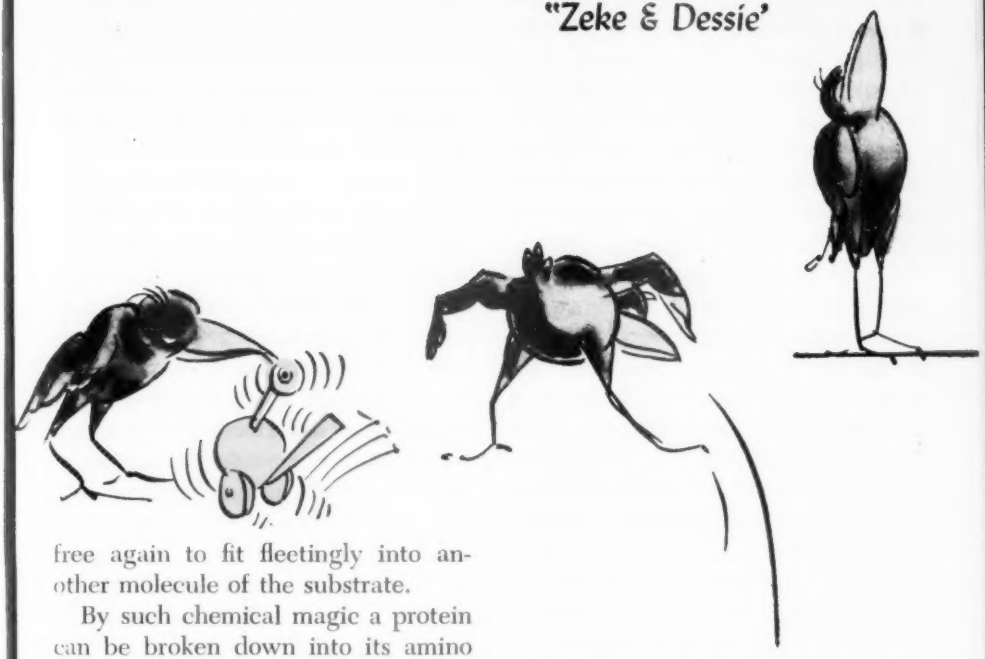
What then are these strange substances, and how do they work the wizardry without which life would be impossible? Enzymes are themselves complicated chemical compounds produced by the cells under the influence of genes, the tiny units that determine the hereditary characteristics of the cell. All enzymes isolated up to now are made up mainly or entirely of protein; some, especially those that control the series of reactions by which food is burned to produce energy, have other smaller and simpler molecules attached to the protein portion of the enzyme. These accessory substances, which are often chemically identical with our "vitamins," are essential for enzyme function, and must be obtained from outside sources if the cell can't synthesize them. Similarly, some enzymes are metal complexes that require dietary "trace elements" to activate the protein part of the molecule. Recent evidence indicates that hormones, including insulin, are also involved in the control and regulation of enzyme activity.

While our knowledge of the complicated metabolic interactions of en-

zymes, vitamins, and hormones is still in its infancy, some insight into how the enzymes work has been gained in recent years. Enzymes apparently act as the biological catalysts—cellular spark plugs that set off or speed up chemical reactions in living tissues, without being themselves used up in the process. This ability to take part in reactions without being changed accounts for the fact that enzymes in minute amounts can perform prodigies of activity. Thus, for example, the intestinal enzyme, invertase, can split one million times its weight of sugar without any apparent loss of activity, and one ounce of an enzyme obtained from pig stomach is capable of clotting more than two million quarts of milk.

Just how such small quantities of enzymes promote so much chemical activity is not very well understood. One explanation is based on the very high "specificity" of enzymes—that is, the ability of enzymes to act on only one substance or substrate and on no other. Thus, among the enzymes that reduce our foodstuffs to simpler substances, starches are split into sugars by salivary and pancreatic amylase, fats are broken down by lipase, and proteins by pepsin and trypsin. None of these enzymes has any effect at all on any of the molecules other than its own specific substrate.

It is postulated that each type of enzyme molecule has its own peculiar pattern of notches and indentations, into which a structurally related molecule may mesh for a moment like a key entering a lock. During this brief encounter between enzyme and substrate, the latter is subtly changed in a way that makes it somehow more readily convertible into new chemical compounds. With the break up of the momentary molecular union, the enzyme molecule is



free again to fit fleetingly into another molecule of the substrate.

By such chemical magic a protein can be broken down into its amino acids in a matter of minutes in the body, while doing the same job in the laboratory without enzymes may take a day of boiling in a beaker with strong acid. Many more complicated chemical reactions that can't be duplicated at all in the laboratory even with the aid of acid, high heat, and pressure can be set in motion at room temperature by adding enzymes to the brew. Because of the ability of these natural chemists to function outside of the living cells that produce them, enzymes extracted from plant and animal tissues are being put to work in industry and medicine.

Among the earliest enzyme preparations used in medicine were crude extracts of animal stomach and pancreas. Until recently, these preparations, containing digestive enzymes such as amylase, lipase, pepsin, and trypsin, had been used mainly in the treatment of various gastro-intestinal disorders. Lately, however, doctors have been applying purer preparations of proteolytic enzymes topically to digest dead tissues which hinder healing of various superficial lesions.

Debridement of lifeless tissue and liquefaction of pus by a purified, crystalline trypsin has been reported effective against stubborn surface ulcers, soft tissue abscesses, and se-

vere burns, as well as for irrigation of infected sinuses, and instillation into pus-filled chest cavities. The trypsin preparation is said to dissolve debris and pus, without injury to normal, healthy tissues, which contain anti-trypsin substances that make them immune to the proteolytic action of the enzyme. During the past year, it has also been reported that trypsin, administered parenterally, has been very effective in rapidly reducing acute, local inflammation in thrombophlebitis and in a number of eye conditions such as iritis and retinitis. This action, said to be entirely independent of the protein-digesting property of the enzyme, is believed to be due to activation of certain other of the body's enzyme systems, including fibrinolytic factors present in the blood.

Another enzyme that activates these factors is streptokinase, which has been used to dissolve blood clots and fibrinous exudates in the treatment of hematomas and hemothorax. Streptokinase is usually employed in conjunction with streptodornase, an enzyme which can dissolve thick, purulent exudates by splitting the viscous sediment of dead and degenerating bacteria and leukocytes into smaller and simpler molecules.

These enzymes, produced by hemolytic streptococci and responsible in part for the virulence of streptococcal infections, have recently been prepared in a form suitable for safe clinical use in the treatment of various stubborn suppurative lesions. The enzyme combination has proven especially effective for flushing out the cheesy masses of pus that often form in the chest cavity following infection or injury. In cases of closed empyema, occurring as a result of pneumonia or tuberculosis, for example, the thick, choking curd can be liquefied by repeated instillations of enzyme solutions, and the fluid exudate aspirated with needle and syringe. Such enzymatic cleansing permits penetration of antibiotics and puts into play natural anti-infective forces. The remarkable enzyme pair has also been applied topically to sweep away substances that hamper the healing of chronically suppurating wounds and ulcers, draining sinuses, and osteomyelitis.

Among the powerful biological warfare weapons with which streptococci and other bacterial invaders batter down barriers between cells is the enzyme, invasin or hyaluronidase, which helps the disease germs penetrate deep into the tissues of the host. Recently, this enzymatic "spreading factor," which acts by reducing the viscosity of the intracellular cement substance, hyaluronic acid, has been taken over by modern medicine.

Hyaluronidase is being used chiefly to speed up the spread and absorption of subcutaneously injected solutions, which are normally slowed down by the resistance of the "ground substances" in the connective tissues. The enzyme makes it easy for these tissues to blot up fluids quickly and painlessly—a property that permits the use of hypodermoclysis, when intravenous administration is difficult or impossible. Thus,

in dehydrated infants, when veins are hard to find and to enter, hyaluronidase facilitates fluid administration. Similarly, patients in profound shock, can usually get all the plasma, glucose, and saline they need, despite the collapse of surface veins. Frequent fluid feedings of the aged and repeated administration of electrolytes in toxemia of pregnancy are possible, without the danger of venous thromboses, when the enzyme is added to a clysis.

Hyaluronidase has also been used to promote penetration and increase absorption of various drug solutions, and, especially, for spreading local anesthetics from their injection sites to produce a more prompt and powerful block of nerve trunks and fibers in various dental and surgical procedures. The unique mucin-dissolving property of hyaluronidase has suggested several other interesting clinical possibilities, including its use in the prevention and treatment of kidney stones and in overcoming certain types of infertility. Because the enzyme, which is obtained commercially from bovine testicular extract, is believed to help the sperm reach, enter, and fertilize the egg, it has been tried, with apparent success, in a number of cases in which sterility was related to a lack of the enzyme in the male partner's seminal fluid.

Hyaluronidase and three other enzymes, streptokinase-streptodornase, pancreatin, and trypsin, are discussed in *Drug Digest*, page 56.

While hyaluronidase is clinically useful, finding ways to inhibit its action and that of other enzymes may be basically more important to human health and welfare. Recent studies of cancer metastases indicate that the body's own hyaluronidase helps malignant cells invade healthy tissues, and many medical men think that cancer itself is the result of an enzyme imbalance that allows some enzymes to run wild. The doctors have already [*Continued on page* 76]

by **Frances Gibson, R.N.**

To forget your old car's failings,
To forget what charms it's lost,
Just take a look at a new car,
Just see how much it costs!

vere burns, as well as for irrigation of infected sinuses, and instillation into pus-filled chest cavities. The trypsin preparation is said to dissolve debris and pus, without injury to normal, healthy tissues, which contain anti-trypsin substances that make them immune to the proteolytic action of the enzyme. During the past year, it has also been reported that trypsin, administered parenterally, has been very effective in rapidly reducing acute, local inflammation in thrombophlebitis and in a number of eye conditions such as iritis and retinitis. This action, said to be entirely independent of the protein-digesting property of the enzyme, is believed to be due to activation of certain other of the body's enzyme systems, including fibrinolytic factors present in the blood.

Another enzyme that activates these factors is streptokinase, which has been used to dissolve blood clots and fibrinous exudates in the treatment of hematomas and hemothorax. Streptokinase is usually employed in conjunction with streptodornase, an enzyme which can dissolve thick, purulent exudates by splitting the viscous sediment of dead and degenerating bacteria and leukocytes into smaller and simpler molecules.

These enzymes, produced by hemolytic streptococci and responsible in part for the virulence of streptococcal infections, have recently been prepared in a form suitable for safe clinical use in the treatment of various stubborn suppurative lesions. The enzyme combination has proven especially effective for flushing out the cheesy masses of pus that often form in the chest cavity following infection or injury. In cases of closed empyema, occurring as a result of pneumonia or tuberculosis, for example, the thick, choking curd can be liquefied by repeated instillations of enzyme solutions, and the fluid exudate aspirated with needle and syringe. Such enzymatic cleansing permits penetration of antibiotics and puts into play natural anti-infective forces. The remarkable enzyme pair has also been applied topically to sweep away substances that hamper the healing of chronically suppurating wounds and ulcers, draining sinuses, and osteomyelitis.

Among the powerful biological warfare weapons with which streptococci and other bacterial invaders batter down barriers between cells is the enzyme, invasin or hyaluronidase, which helps the disease germs penetrate deep into the tissues of the host. Recently, this enzymatic "spreading factor," which acts by reducing the viscosity of the intracellular cement substance, hyaluronic acid, has been taken over by modern medicine.

Hyaluronidase is being used chiefly to speed up the spread and absorption of subcutaneously injected solutions, which are normally slowed down by the resistance of the "ground substances" in the connective tissues. The enzyme makes it easy for these tissues to blot up fluids quickly and painlessly—a property that permits the use of hypodermoclysis, when intravenous administration is difficult or impossible. Thus,

in dehydrated infants, when veins are hard to find and to enter, hyaluronidase facilitates fluid administration. Similarly, patients in profound shock, can usually get all the plasma, glucose, and saline they need, despite the collapse of surface veins. Frequent fluid feedings of the aged and repeated administration of electrolytes in toxemia of pregnancy are possible, without the danger of venous thromboses, when the enzyme is added to a clysis.

Hyaluronidase has also been used to promote penetration and increase absorption of various drug solutions, and, especially, for spreading local anesthetics from their injection sites to produce a more prompt and powerful block of nerve trunks and fibers in various dental and surgical procedures. The unique mucin-dissolving property of hyaluronidase has suggested several other interesting clinical possibilities, including its use in the prevention and treatment of kidney stones and in overcoming certain types of infertility. Because the enzyme, which is obtained commercially from bovine testicular extract, is believed to help the sperm reach, enter, and fertilize the egg, it has been tried, with apparent success, in a number of cases in which sterility was related to a lack of the enzyme in the male partner's seminal fluid.

Hyaluronidase and three other enzymes, streptokinase-streptodornase, pancreatin, and trypsin, are discussed in *Drug Digest*, page 56.

While hyaluronidase is clinically useful, finding ways to inhibit its action and that of other enzymes may be basically more important to human health and welfare. Recent studies of cancer metastases indicate that the body's own hyaluronidase helps malignant cells invade healthy tissues, and many medical men think that cancer itself is the result of an enzyme imbalance that allows some enzymes to run wild. The doctors have already [*Continued on page* 76]

by **Frances Gibson, R.N.**

To forget your old car's failings,
To forget what charms it's lost,
Just take a look at a new car,
Just see how much it costs!

Drug Digest

TRYPSIN CRYSTALLINE IN OIL (Anti-Inflammatory Enzyme Therapy)

PROPRIETARY NAME: Parenzyme Intramuscular Trypsin.

PHARMACOLOGY: This form of the proteolytic enzyme trypsin is extracted from beef pancreas, purified by a special crystallization process, and suspended in sesame oil. It is said to produce rapid reduction of acute local inflammation with relief of pain and swelling in thrombo-phlebitis. It also reduces inflammation and speeds healing of refractory traumatic wounds and ulcers due to diabetes and arteriosclerosis. Impressive results have been reported recently in a small series of ocular inflammations including iritis, iridocyclitis, and chorioretinitis.

DOSAGE: An initial course of treatment consists of 2.5 to 5 mg. of trypsin injected deep into the buttocks one to four times daily for three to eight days. Some patients may need only one or two injections; others may require 2.5 mg. once or twice a week for some time.

UNTOWARD ACTIONS: No serious toxic reactions have been reported from the intramuscular injection of this dose of trypsin. Some patients suffer pain and induration at the injection site, and a few have shown systemic allergic reactions. The preparation is contra-indicated in patients with blood clotting abnormalities, hemorrhagic states, and seriously impaired kidney or liver function.

STREPTOKINASE-STREPTODORNASE N.N.R. (Proteolytic Enzyme Therapy)

PROPRIETARY NAME: Varidase.

PHARMACOLOGY: SK-SD is a purified, bacteria-free filtrate of the growth products of a certain strain of hemolytic streptococcus. The mixture of enzymes is frozen, dried, and dissolved in isotonic saline for use as an adjunct to surgical and antibiotic treatment of conditions characterized by an accumulation of pus and clotted blood, which interfere with normal repair of traumatized or inflamed tissues. The solution may be injected into body cavities, such as the chest, for the treatment of thoracic empyema and hemothorax, or it may be applied as a wet dressing or by instillation for enzymatic debridement of chronically suppurating lesions, such as draining sinuses, chronic osteomyelitis, decubitus and other ulcers, infected wounds, and various types of superficial abscesses.

DOSAGE: The size of the dose varies with that of the cavity into which the solution is instilled, but it is generally desirable to attain a final concentration of 100 to 500 Christensen units for each cubic centimeter of fluid in the area being treated. The optimal concentration and method of application for topical application is still under study.

UNTOWARD ACTIONS: Because the liquefied protein exudates may cause the development of fever, if absorbed, complete drainage of the reaction products should be provided for.

PANCREATIN U.S.P. (Digestive Enzyme)

PROPRIETARY NAMES: Marketed as pancreatin and as a constituent of a number of proprietary digestive preparations.

PHARMACOLOGY: This digestive powder, containing the enzymes pancreatic amylase, pancreatic lipase, and trypsin, is obtained from fresh hog or ox pancreas. It is used most effectively to predigest milk and other foods under controlled conditions, prior to feeding by mouth or by nutritive enema. It is also intended for use as an aid to duodenal digestion in various gastro-intestinal disorders, especially when a pancreatic deficiency has been demonstrated. The powder can break down more than 25 times its weight of carbohydrate and of casein.

DOSAGE: The usual oral dose is about 0.5 Gm. after each meal. However, higher doses are employed in certain conditions, such as pancreatic achylia in which doses of 4 Gm. before and 4 Gm. after each meal have been administered as enteric-coated capsules.

UNTOWARD ACTIONS: The product is non-toxic, but there is considerable doubt as to its value as a digestant when given by mouth, even in the enteric-coated form. Some claim that the enzymes that escape inactivation in the stomach exert little influence on intestinal digestion.

HYALURONIDASE N.N.R. (Mucolytic Enzyme)

PROPRIETARY NAMES: Alidase, Wydase, Enzodase, Hyazyme.

PHARMACOLOGY: Hyaluronidase is an enzyme obtained from many sources including bacteria, bee, snake, and spider venoms, and mammalian testes. Its substrate is hyaluronic acid, a connective tissue gel which limits the spread of extracellular substances through the tissues. By decreasing the viscosity of this gel, hyaluronidase facilitates fluid absorption and is used clinically to increase the speed and completeness of absorption from subcutaneous sites, when intravenous administration is inconvenient or impossible. It is also used to increase the effectiveness of local anesthetics in dentistry and in various surgical procedures requiring nerve block anesthesia. The effectiveness of hyaluronidase in prevention and treatment of urinary calculi and in some types of sterility is being studied.

DOSAGE: For hypodermoclysis, 1 cc. of an isotonic saline solution containing 150 "turbidity" units or 500 "viscosity" units of hyaluronidase is injected into tubing that is to carry the clysis fluid into the tissues.

UNTOWARD ACTIONS: The toxicity of hyaluronidase is quite low, but skin testing for allergic sensitivity is recommended. Caution in controlling the rate and volume of fluid administered is suggested to avoid overwhelming the circulation by too rapid absorption of fluid. While infection does not preclude the use of hyaluronidase, the enzyme should not be injected into infected areas because of the possibility of spreading the infection.

W. B. Hay

■ ON SPECIAL OCCASIONS at Waltham Hospital, Waltham, Mass., little white cards, reminding patients of the old custom of saying grace before meals, are placed on all food trays as they leave the kitchen. Each card presents the patient with the choice of an appropriate blessing—for the Catholic, Jewish, or Protestant faith.

The idea of circulating printed cards, with prayers in three faiths, to revive the custom of grace in public places was suggested to Earl J. Arnold, Executive Secretary of the Waltham Chamber of Commerce by an item in a U.S. Chamber of Commerce News Letter reporting the original distribution of the cards by Arthur Dunn, Jr., former secretary of the Mamaroneck, New York, Chamber of Commerce. Mr. Arnold persuaded Waltham restaurants to place the cards on tables. WBZ-TV, Boston, considered the experiment a news event and, in telecasting it, announced that the Waltham Chamber of Commerce would provide any organization that desired to join the movement samples of the prayer cards without cost.

Walter E. Amesbury, Administrator of the Waltham Hospital, chanced to see the telecast and requested a supply of the cards for one of

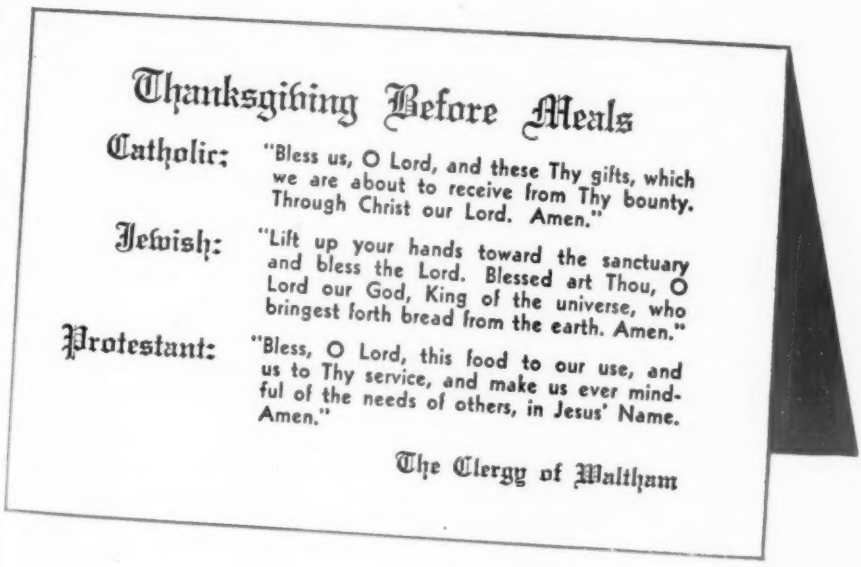
the holiday dinners at the hospital. These were then turned over to Miss Amity Perkins, Head Dietitian, with the request that they be given a trial, and that she note the patient's reaction to them.

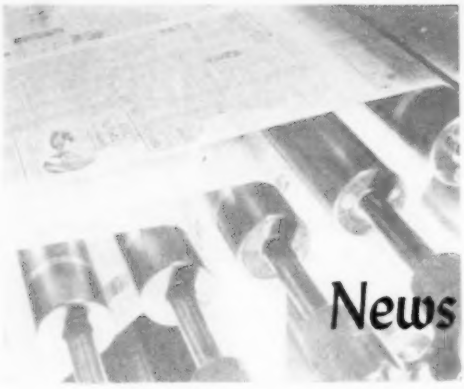
"From the very first," Miss Perkins says, "the grace cards were a hit with most of our patients. Here, as in all hospitals," she says, "patients have a habit of making up little displays on the tables by their beds—their get-well cards, gifts, and other things. And the nurses report that whenever we include one of the little grace cards with a meal, it is afterwards prominently displayed along with the other personal items. They certainly seem to cheer our patients up."

Furthermore, the simple devotional act frequently has a psychological effect which actually tends to aid recovery—although the extent of this seems to depend upon the patient, Miss Perkins adds.

Since the cards have been so well received by patients at Waltham, Miss Perkins is advocating their use at other hospitals—while Mr. Arnold states that the offer made by the Chamber of Commerce still holds: any organization in the country (hospitals included) interested in encouraging the practice of saying grace before meals will be furnished samples of the printed prayer cards at no cost.

—by Arthur F. Joy





News in Review

▶ *THE KEY VA NURSING POSITION*, director of VA nursing service, is now held by Miss Cecilia H. Hauge, formerly chief nurse of the VA Research Hospital in Chicago, Ill. Miss Hauge succeeds Miss Dorothy V. Wheeler who has completed two four-year terms as VA's nursing director. Miss Hauge, a lieutenant colonel in World War II, entered the VA nursing service in September, 1946. She is a graduate of the University of Minnesota School of Nursing.

✔ ✔ ✔

▶ *HOSPITAL ADMINISTRATORS'* opinions were aired in Chicago this September as members of the American Hospital Association gathered for their 56th annual convention. Big news of the conclave was the delegates' approval of the erection of a nineteen-story, $5 million headquarters building on the Chicago campus of Northwestern University. Delegates voted to double present membership dues to provide funds for amortizing the building and expanding the Association's program . . . The new president of the AHA is Dr. Frank R. Bradley, director of Barnes Hospital in St. Louis, Mo. Ray E. Brown, superintendent of the University of Chicago Clinics, is the president-elect . . . The 1954 Hospital Merchandise Mart—the technical exhibit of the AHA convention—scored a new high in number and variety of exhibits. One of the main exhibit attractions was the prototype of an "Impro" or improvised hospital designed to provide emergency care in a mass disaster. Each "Impro" includes ten 20-bed wards, is totally self-sustaining, except for food service facilities, and can be transported in one van.

✔ ✔ ✔

▶ *CHICAGO CONVENTIONEERS* also numbered members of the American Association of Nurse Anesthetists which met in conjunction with the American Hospital Association convention . . . AANA members were informed that 106 schools of anesthesia have been approved as of September 1, 1954, under the AANA's accreditation program begun two and a half years ago . . . This year, the Association's Award of Appreciation went to the Hospital Sisters of the Third Order of St. Francis. A hospital operated by this order, St. John's in Springfield, Ill., is thought to have had the first school in the U.S. to train registered nurses in anesthesia . . . Minnie V. Haas

of Texas is the new president of the AANA. Other new officers are: Lillian Baird of Michigan, first vice-president; Olive Berger of Maryland, second vice-president; and Agnes Lange of Illinois, treasurer.

▶ *TV TRAINING* in basic home nursing skills is almost as effective as classroom instruction, according to a study sponsored by the American Red Cross. The report states that the television groups actually gained more than the group taught in the classroom in proportion to the amount of time that was spent receiving instruction. The twice-weekly nursing lessons which figured in the study were telecast over the University of Houston educational channel under the sponsorship of the University's College of Nursing. The test results were viewed as encouraging by the American Red Cross, and in the words of ARC's nursing director Ann K. Magnussen, indicate "wide possibilities for the Red Cross in mass teaching by television."

▶ *AN AUSTERITY PROGRAM*, initiated by the New York State Nurses Association in 1952 to reduce a $17,000 debt, has paid off financially, according to reports given at the NYSNA-NYSLN convention in New York City this fall. NYSNA's financial feat has been accomplished by strict budgeting and curtailment of programs. The issues of the *New York State Nurse* have been reduced from ten copies to five per year, and allowances for programs of counseling and placement, employment conditions, and public relations have been pared down. Membership figures—thought to reflect reduced program activities—did show a substantial drop last year of about 700, but this year Association membership is slightly over last year's level. In contrast to other states, which have solved their financial problems by raising dues, NYSNA has not had a dues increase since 1947. Last year, members resisted an increase from $7 to $9.

Essential NYSNA activities are not being overlooked, however, as evidenced by the convention announcement [*Continued on page* 72]

About People

▶ **Navy nurse and lawyer, *LT. JOSEPHINE C. KENNY*, has reported for active nursing duty at the Portsmouth Naval Hospital in Virginia. Lieutenant Kenny, a member of the Michigan Bar Association, studied law after serving with the Navy Nurse Corps in World War II . . . Two of the four surviving *DIONNE* quintuplets, *YVONNE* and *CECILE*, plan to enter a nursing course at a hospital in a Montreal suburb . . . A nurse at the Georgia Street Receiving Hospital in Los Angeles since it opened in 1927, *MISS CATHERINE E. MacDONALD* has been appointed chief surgical nurse for the Los Angeles Receiving Hospital department . . . The former director of nursing service at the University of Minnesota hospitals, *MISS MARGARET FILSON*, has been named director of nurses at the University of Chicago clinics . . . The new director of the School of Nursing of the Jewish Hospital of Brooklyn, N.Y. is *MRS. RUTH W. HARPER*, president of District 14, New York State Nurses Association . . . *MRS. ANNE L. ZIMMERMAN* succeeds *MISS JUNE A. RAMSEY* as executive secretary of the Illinois State Nurses Association. Miss Ramsey is retiring after serving twelve years as executive secretary of ISNA . . . *MISS GRETCHEN GERDS* became associate executive secretary of the ANA Public Relations Unit, following the resignation of *MRS. ESTHER A. WERMINGHAUS*.**

MISSOURI'S NEW INSIGNIA

Identifies Its Nurses

by Barbara L. Swan

■ IN THOSE HOSPITALS which have nursing students, there's probably still little doubt in the minds of the patients about just who those young women are. But that's about the only "nurse" this can safely be said about today, for when the young graduate finally dons her coveted white cap and white uniform she may either be identified by the bewildered patient as a graduate registered professional nurse or perhaps a practical nurse—licensed or unlicensed, or maybe a nurses' aide, a hospital technician, or a medical secretary.

You can't patent a white cap and uniform—a fact increasing numbers of nurses have realized as they watch an almost amazing variety of auxiliary help walk down hospital corridors or preside over offices in "their" white cap and uniform.

When such a degree of public puzzlement develops about any professional group, it's generally time for an attempt at a solution and simplification. Nurses in Missouri have produced one which is attracting attention from other states whose beleaguered professionals feel their prestige, their reputations, and their special skills are being hopelessly jeopardized by the confusion created in the minds of those VIP's they have pledged themselves to serve—the patients.

During their state convention in March, 1954, Missouri nurses voted for an insignia which could be attached to their uniforms to indicate their professional status quickly and effectively. The State Board of Nurs-

ing, realizing that this could also give it an opportunity to check on the registration status of its nurses, added its endorsement. With design, patenting, and distribution of a suitable identifying emblem as its immediate goal, a non-profit foundation, the Committee on Public and Patient Education on Professions, was incorporated under the state law. The members of this committee worked with such a will that on June 15, 1954, Missouri's professional nurses were able to celebrate "Insignia Day" by sewing firmly to their uniform pocket or sleeve a two-inch, washable R.N. emblem. The design consists of a royal blue R.N. over the traditional lamp of nursing, which is woven on light blue. Below the lamp, embroidered numerals indicate the current year of registration. Each nurse's registration number is inked in on the flap attached to her badge—a factor which cuts down effectively on "borrowing," intentional or otherwise.

While the State Board of Nursing sent each nurse seeking renewal of her license an insignia order form, the foundation prepared the public for "Insignia Day" by announcing its advent to all the regular channels of communication in the state, and securing outstanding press, radio, and television cooperation. More by diligence than by dollars in its treasury, it also managed to send large "Know Your Nurse" posters to hospitals for installation in waiting rooms; additional posters have since found their way to other conspicuous places.

Public reaction to this barrage of information was immediate, and highly favorable. One relieved member of a hospitalized patient's family declared that from now on she would "only seek information from the nurse who wears the insignia, because I *know* she's a real nurse." And the Missouri legislator who opposed the Nurse Practice Act on the grounds that he never saw any registered nurses anywhere in the state can no longer use that excuse—the emblem assures him, along with all other Missouri citizens, that its wearers are fully qualified graduate registered professional nurses.

Most enthusiastic supporters of the new emblem, understandably, are the nurses themselves, who have been smarting increasingly under

public opprobrium for acts of negligence or discourtesy, which were actually performed by non-professional "women in white." One staff nurse reported happily that she received fifteen inquiries after she attached the insignia to her uniform pocket, "and all the subsequent comments were approving." While some of the Missouri nurses still have to be shown its value, the majority, particularly among the state's general and private duty groups, keep the foundation busy with orders for the insignia, spiraling the initial 5,000 order by new requests in each day's mail.

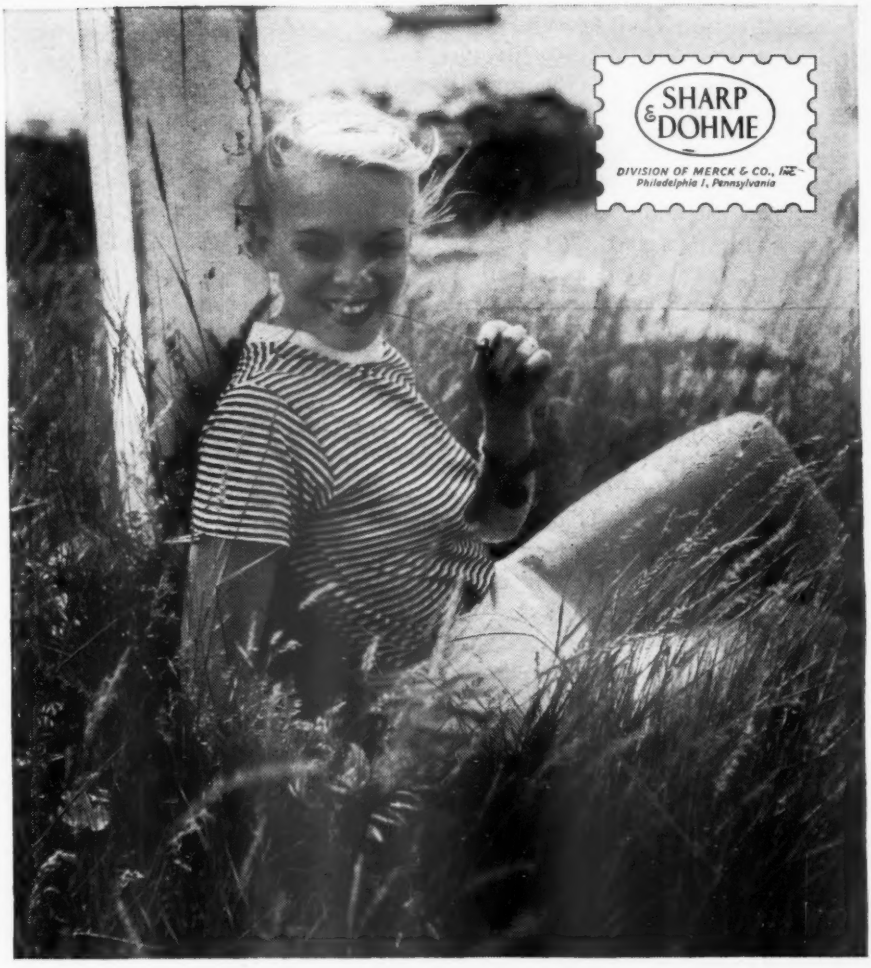
Nurses, questioned by patients and their relatives as to its meaning, have found the insignia gives them an opportunity to practice public relations—for a conversation which starts with a query about the meaning of "that little blue badge" frequently results in a better understanding of the education, responsibilities, and satisfactions which nursing has to offer. The astute husband of one patient recognized this when he commented on the pride and sincerity his wife's nurse displayed while she told them the full story of the insignia—and of nursing. He feels, too, that the emblem will help the nurses themselves to become better nurses, for by telling the story of nursing they have a chance to recapture the sincerity and enthusiasm which probably led most of them to choose it as their profession originally.

On their own "Insignia Day," August 1, the state's licensed practical nurses received their emblem—a sleeve badge with a sun motif and an oak leaf, woven in royal blue on light grey. Again patented and distributed by the foundation, this insignia was ordered by 50 per cent of the state's licensed practical nurses in anticipation of I-Day for their group.

The committee on Public and Patient Education on Professions,* having launched so successfully this initial drive to tell the public the exact qualifications of the women who wear these particular emblems, plans to conduct a continuous program of public education on the duties and qualifications of the registered professional nurse and the licensed practical nurse. And although handicapped by lack of funds, the members of the foundation are more than willing to supply interested sister states with full information about the Missouri emblems, a pin which they have also designed, and suggestions for a similar program of public and patient education on a statewide scale.

Aside from their value as an immediate identifying symbol, the two insignia voluntarily adopted by a majority of Missouri's R.N.'s and licensed practical nurses cannot help but play a part in creating a better-informed public throughout the state—a public which should, in years to come, prove much more aware of its nurses' problems, more anxious to help the profession find solutions to some of the greatest and most pressing ones.

*208½ East High St., Jefferson City, Mo.



Keeps you fresh as springtime . . .

BO-CAR-AL®

HYGIENIC POWDER

Soothing, pleasantly-scented hygienic powder, BO-CAR-AL, when used routinely in your douche, keeps you feeling fresh and clean. BO-CAR-AL is mildly antiseptic, helps maintain normal vaginal acidity.

Supplied in 4-oz. and 1-lb. bottles.

SEND FOR FREE TRIAL PACKET →

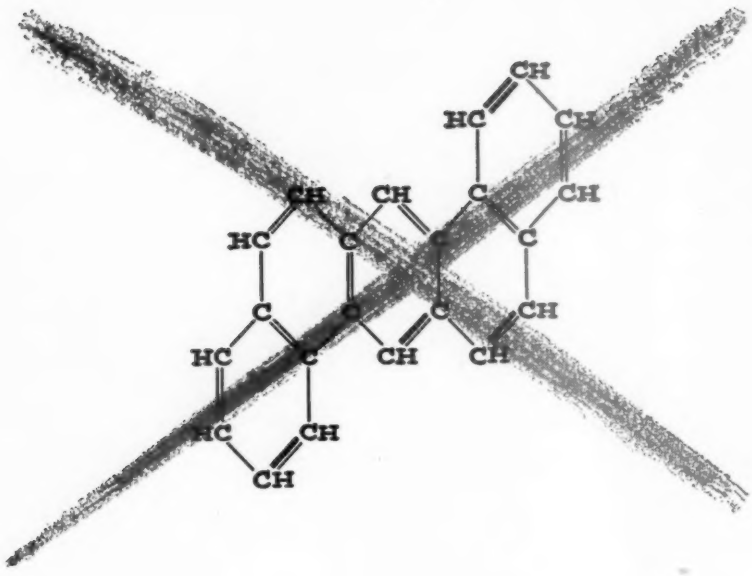
SHARP & DOHME,
Professional Service Dept. R-114,
West Point, Pennsylvania.

Please send me free a trial packet of BO-CAR-AL Hygienic Powder.

Name_____

Street_____

City_____ Zone ____ State ____



All potentially irritating hydrocarbons are removed from Johnson's Baby Oil

In fact, refinement of the mineral oil used in this quality product is carried to the ultimate . . . exceeding standards specified by the USP.

This is one of many reasons why Johnson's Baby Oil is the outstanding product of its type for infant skin care.

Johnson's Baby Oil

Johnson & Johnson

Editorial

[*Continued from page* 31]

and room. Natural leaders gravitated to positions of responsibility, but many of the rank and file general duty nurses became stagnant professionally and educationally. Then came World War II, came increasing demands for expanding nursing services and different types of specialties, and came the unforeseen nursing shortage. Nurses with "ambition" shook off the stultification of hospital nursing and branched out—public health, industrial, office nursing, teaching, etc. With increasing emphasis on academic growth, those who stayed in or chose institutional nursing found that the system now recognized professional growth in only one direction—a nurse could advance from the bedside to the head nurse, to the supervisor, to the director, by way of assistant positions. Promotion was vertical. No serious consideration was given to the possibility of a nurse desiring to direct her professional growth along horizontal lines.

The war had accelerated nursing—the profession must be pulled up by its boot straps before the opportune time had passed. Nursing had to be recognized as a profession—that was and is the urgency of the times.

And what of the general duty nurses who want to remain as hospital employes, who find that their greatest satisfaction is staying at the bedside and developing their nursing skills, knowledge, and judgments so that the patient will benefit directly? Why must these nurses be forced by our system to do their nursing through others in order to gain status?

The nurse shortage cannot be blamed for the traditional attitude toward general duty nursing that began at a time when the profession was suffering from a surplus. But the shortage did, out of necessity, give birth to the team concept of nursing care that makes every general duty nurse a charge nurse of a team of sub-professionals and makes "problems" out of those who cannot be harnessed. According to current thinking, "There is no place in 'modern' nursing for the nurse who cannot be part of the team."

The major preoccupation of this "modern" general duty nurse is now with her teammates. To be a successful charge nurse she must create an ideal climate for good interpersonal relationships among her team members. She is a team leader first, a bedside nurse second. Yet let us not forget, the team concept was adopted, not as an ideal for patient care, but as an expedient measure—a compromise to the nurse shortage.

And the paradox of our profession is that at a time when nursing education has produced the most educated nurses in our history, the patients must still rely upon half-educated, poorly prepared, non-professional men and women for their immediate nursing care.

The cycle completes itself. The patient is again the lowest man on the totem pole . . . but nursing is now a recognized profession.

—Alice R. Clarke, R.N., Editor

When Patients Suffer from a Cold, Recommend

SUPER ANAHIST®

Antihistamine-APC Compound with VITAMIN C

1

HELPS MAINTAIN RESISTANCE AND FIGHT INFECTION

Because Vitamin C is rapidly depleted during stress situations such as a cold, Super Anahist—unlike any other type cold tablet—also provides Vitamin C. In this way, Super Anahist *helps maintain resistance* to more serious illnesses at its optimum level.

Works Effectively At All Stages of a Cold

2

CHECKS EARLY COLD SYMPTOMS

Super Anahist contains Thonzylamine Hydrochloride . . . the "best tolerated" antihistamine to check early cold symptoms such as *sneezing, watering eyes,* and many other histamine effects.

3

RELIEVES HEADACHES AND MUSCULAR PAINS

Super Anahist *combines* antihistamine with aspirin and phenacetin, the most widely used drugs for relief of *headaches* and *muscle pains* associated with a cold, and caffeine to help prevent *fatigue* and *drowsiness.*

Furthermore, Super Anahist Cold Tablets are formulated for *synergistic action*—thus, since the ingredients work *more effectively together* than if taken separately, your patients receive unusually quick and thorough relief. Next time one of your patients suffers from a cold, recommend Super Anahist Cold Tablets for maximum relief at all stages of a cold.

Candid Comments

[*Continued from page* 45]

to our physical resources. And most mature people like to do things that will help others as well as themselves. Furthermore, there is a growing conviction in our society that it is wasteful and inherently wrong to retire workers arbitrarily at certain ages. There is a growing interest in the continued employment of people *according to their abilities,* not their ages. A more rational policy is inevitable, if for economic reasons alone.

These influences have a full impact upon nurses. But we have the additional urgency of a driving need for nurses to continue in their work, and for retired nurses to return to work. More nurses are staying on and more nurses are returning to work. We can believe that this trend will continue. The need grows for all the nursing skill that can be mobilized. There can be little doubt therefore that this will bring stronger integration of our nursing resources. Sounder personnel practices, continuous in-service education programs, analyses that classify jobs according to their demands on the nurses, expert placement, qualified supervision—these practices—all employer responsibilities—must come into wider use eventually.

The responsibilities of nurses to help themselves as well as the profession are quite as important. We need greater flexibility both in skills and minds. The young nurse, identifying herself in mind and spirit with the future of nursing, and who varies her early experiences, is more prepared in her latter years to adjust to a job in keeping with her powers. The present rigidity in jobs, and in our inability to adjust to new duties as we grow older is not good.

The nurse of any age who plans to keep on working needs to set her mental sights to a longer range. Her opportunities and satisfactions will depend as much upon her personal program for keeping abreast as upon the one provided by the institution—a program that includes regular reading habits and exchanges of ideas with others. These things need never be drudgery but only other ways of getting the full savor of life. "Nothing in human history is as fascinating or as wondrous as the growth of the human mind," says Norman Cousins.

Thus the future of nursing demands that we identify ourselves with tomorrow—in our thinking, attitudes, and our plans for keeping our mental and spiritual tools sharp. I do not believe that any good nurse —whether or not she has a degree— need fear tomorrow if she is eager to keep on learning, to help find answers, and willing to take her part in the moving scene. Quite the contrary. As our country accepts greater responsibility in world affairs, it asks its citizens to take larger personal responsibilities. So is it with nursing. To reach its greatest potentialities, our profession needs the objective thinking and active help of an articulate majority with vision, understanding, and high faith.

Difficult Art

[*Continued from page* 48]

her house plants! Personally, if I happened to know such a woman, I'd suspect something more than physical illness was wrong with her.

Maybe someone, reading this, will think I don't like doctors. That would be too bad, because I do like them very much. Some of them even more than that. I suppose, though, it is unlikely that any of them will like me much if they see this. They will feel I am cruel and unfair. Maybe I am, considering that, as any nurse knows, when *they* are patients they are living evidence of the falsity of all I have said; that they prove there can be "perfect patients," for they, themselves are examples. They are so cheerful, so objective about their symptoms, rarely, after checking in at the hospital giving a thought to office, patient, wife, kiddies, or dog, and never, never asking their nurse and doctor when they can go home.

What never? Well, hardly ever!

"A doctor's wife should be like a cigarette always ready to soothe, like an ashtray, always ready on hand, sympathetic, with a keen ear for the telephone, discreet, and one who loves to be bounced out of sleep at night and left cold on one side. The ideal wife of a doctor could not last very long, she would die of internal combustion." (Reprinted from Physician's Bulletin, *Volume XIX, Number 2, February, 1954, issued by Eli Lilly and Company.)*

Colostomy

[*Continued from page* 35]

Smith's colostomy became well regulated, all she needed to use to cover the colostomy was a square of gauze or a piece of absorbent tissue, well lubricated with petroleum jelly, which could be held in place by her girdle.

The first few times Mrs. Smith used the Binkley irrigator, her nurse remained near at hand, not only because the procedure was a long one, but because Mrs. Smith's earlier feeling of distaste for the whole affair had not been completely overcome.

By the time Mrs. Smith went home, she was adept at doing her own irrigations. If she had been elderly or feeble, or if she had experienced difficulty in understanding, it would have been necessary to instruct a member of her family in the care of the colostomy. Mrs. Smith found that an irrigation every other day was all she needed. Since she was often pressed for time in the morning, she preferred to do her irrigations in the evening. The time an irrigation should be done is entirely up to the individual and should be at a time which best fits a schedule.

Mrs. Smith has since met a number of patients who are scheduled to have, or have recently had, operations such as hers, and she has been able to give them many helpful hints regarding the best way to manage a colostomy. Best of all, she has been able to assure these patients that they really can learn to live a normal life once again.

News

[*Continued from page* 61]

that institutes in industrial nursing, public relations, and legislation are scheduled for 1954 and 1955. Also, the counseling and placement program, which has suffered from a lack of funds, is receiving more emphasis, and a plan whereby counseling and placement can be performed on a district level will be studied. How to combine the NYSNA and the New York State League for Nursing into one workable nursing association continues to be explored by the NYSNA Board, following the instructions of the 1953 House of Delegates.

The chief action taken by the NYSLN at its annual meeting this year was to amend its bylaws to admit practical nurses as individual members. The boards of both organizations have concurred in approving the constitution and bylaws of a Joint Commission in New York State for the Improvement of the Care of the Patient.

► NEWSLINGS: The constitutionality of a Minnesota law prohibiting strikes in charitable hospitals was upheld by the State Supreme Court in a unanimous decision handed down in a controversy between a labor union and nine Minneapolis hospitals over terms of a contract . . . After many years of discussion, New Jersey has its first school of medicine and dentistry at Seton Hall University. The University has been authorized to use the seventeen-story clinic and other facilities of the Jersey City

Medical Center for its students . . . A law has been enacted in Kentucky which protects the uniform worn by members of the Kentucky State Association of Licensed Practical Nurses. Members of the organization wear white uniforms and caps with a grey band across the cap and the initials LPN on the left sleeve . . . There are actual doctors and nurses among the actors and actresses who appear on "Medic," a new TV program reportedly based on authentic medical cases, and filmed almost entirely at the Los Angeles County Hospital.

▶ A DEADLINE EXTENSION for post-Korea veterans desiring training under the Korea G.I. Bill was made possible by a law signed by the President last August. The new law allows veterans, discharged after August 20, 1952, to start training within three years of their separation date. Under the old law they had only two years. Training now must come to an end within eight rather than seven years from the date of a veteran's separation, or eight years from the end of the present emergency period—whichever comes first. Another section of the law allows certain disabled post-Korea and World War II veterans a four-year extension in their deadline for completing training under Public Law 16 . . . Other new legislation affecting veterans provides a 5 per cent increase in monthly compensation and pension payments for nearly 3,300,000 veterans and certain dependents of deceased veterans. Flat

increases in excess of 5 per cent were granted to widows and dependent parents of wartime veterans whose deaths were attributable to service.

▶ "MY ORDEAL," an article appearing in the November issue of *Woman's Home Companion*, is a moving, autobiographical account of the experiences of nurse-heroine Genevieve de Galard-Terraube during the siege of Dien Bien Phu. In the words of a *Companion* editor: "It is the story of how a woman learned the price of freedom."

▶ MEETINGS AND COURSES: A five-day meeting sponsored by the American Committee on Maternal Welfare, Inc., and the American Academy of Obstetrics and Gynecology will be held at the Palmer House, Chicago, December 13-17. This sixth American Congress on Obstetrics and Gynecology will bring together four major groups concerned in the provision of better care for mothers and babies—medicine, nursing, public health, and hospital administration. Further information may be obtained by writing the Sixth American Congress on Obstetrics and Gynecology, 116 South Michigan Avenue, Chicago 3, Ill. . . . The Army Medical Service will inaugurate its first course —of twenty-two weeks' duration—in obstetrical nursing early in February, 1955, at the Walter Reed Army Hospital, Washington, D.C., to provide selected ANC officers with knowledge of the administrative and professional duties in obstetrical nursing.

NEW

(DISPOSABLE)

Pharmaseal® Enema

75% to 90% FASTER TO USE

SAFE, EFFECTIVE, CLEAN

. . . only 4 ounces needed for prompt evacuation

EASIER FOR PATIENT. . . minimizes distention and pain.

EASIER FOR NURSE. . . The Pharmaseal Enema can save hundreds of nursing hours (and dollars) per year.

A consistent, known formula—always dependable.

Entire unit enclosed in a glassine bag. No dust, no contamination.

ANOTHER NEW PRODUCT OF
PHARMASEAL LABORATORIES
Subsidiary of DON BAXTER, INC.
GLENDALE 1, CALIFORNIA

PHARMASEAL®

Try the Pharmaseal Enema and you'll never go back to the old-fashioned way. Write for samples.

Enzyme Era

[*Continued from page* 55]

formulated new procedures of detecting abnormal amounts of certain enzymes in body tissues and are seeking substances for selectively suppressing the errant enzymes. Hope is high that the search will be successful soon, because chemicals that act by halting enzyme activity have already proven effective in other diseases. The symptoms of myasthenia gravis and glaucoma, for example, are relieved by prostigmine and other drugs that can inhibit the enzyme cholinesterase.

Many more drugs will undoubtedly be developed, as more is learned about the thousands of enzymes in normal cells and about the enzymatic defects that are the probable biochemical basis of many mysterious conditions, including such diseases as schizophrenia, muscular dystrophy, gout, and diabetes.

Thus, advances in enzymology in the near future can be expected to give medical science new insights into pathological processes. And at the same time they may be expected to furnish weapons with which the metabolic maladjustments may be corrected.

Scratch a bar of soap and get it well under your nails before tackling messy jobs such as decanting medicines, pouring ink, etc. When through, wash hands and dig out the soap with a nail file. Your nails will not be discolored underneath.

A PERFECT SOLUTION FOR AN ANTISEPTIC DEODORIZING DOUCHE

Zonite

No other type liquid antiseptic-germicide for the douche of all those tested is SO POWERFULLY EFFECTIVE yet SO SAFE to body tissues.

Here are the advantages of ZONITE:

1. ZONITE is the same principle as the world-famous Carrel-Dakin solution. It's a powerful antiseptic-germicide yet positively non-poisonous, non-irritating.

2. It *completely* deodorizes yet never leaves any telltale odor of its own.

3. ZONITE promptly washes away odor-causing waste substances.

4. ZONITE may be used as directed as often as needed without the slightest risk of injury.

5. It leaves the vaginal tract so dainty and refreshed.

6. Inexpensive. ZONITE costs only a few cents per douche.

ZONITE is the ideal "all-purpose" antiseptic for home and hospital use. Professional sample on request.

Zonite Products Corp., 500 Jersey Ave., Dept. RN-114, New Brunswick, N. J. Please send me without charge professional samples, literature on ZONITE.*

Name.....

Address.....

City.....State.....

*Offer good only in U. S. and Canada.

Researchers

[*Continued from page* 42]

the preparation and terminal care of hospital equipment and clerical duties.

It is noted in the Michigan report that clear demarcation of functions among the various levels of nursing employes is a first step toward more effective utilization of all personnel. It is also observed that dissatisfaction and low morale are likely to result when personnel are required to do a higher level of work than that for which they are paid.

Job satisfaction among nurses is another important area explored by the Michigan study. Data gathered from some 2,394 nursing personnel showed that turnover was highest in general hospitals. One out of three nurses in these hospitals had been employed in her present job less than a year.

Most nursing personnel take jobs in hospital nursing, the report reveals, because the work offers many satisfying rewards, such as the satisfaction that comes from contributing to the welfare of others. However, this latter motivation was more important for unlicensed non-professional nurses than for any other group. In non-general hospitals, good personnel policies had some influence in attracting nurses.

Among R.N.'s, the most frequently expressed dislike about their jobs was poor utilization of personnel. For example, 35 per cent of the professional nurses and 19 per cent of the non-professional nurses listed poor

utilization as their primary dissatisfaction. Working conditions was one aspect of hospital nursing that was seldom mentioned as being liked. Scheduling of hours and working split shifts were cited as reasons for disliking hospital nursing. Seven per cent of all the hospital personnel sampled had made definite plans to leave their jobs in the near future and an additional 16 per cent were thinking of leaving.

The study "suggests that a large share of turnover among nursing personnel in hospitals might be prevented by reducing the causes leading to job dissatisfaction." One way to reduce costly turnover, it advises, is to improve the utilization of personnel. A productive method of selling hospital employment, it maintains, "is to stress such satisfying aspects of the work as seeing patients get well, and participating in varied and stimulating interpersonal contacts."

The nursing associations sponsoring this study hope that the data presented in the report will stimulate action on the part of medical groups, institutions, and community leaders. In the introduction to the report, they state: "The study shows how Michigan can secure improved care for its patients, but it implies that real conviction, much patience, and persistence, and state-wide participation by many groups will be necessary if it is to be attained."

All of the findings in these three studies may not be important for the present and future of nursing, but certain of them, such as the factors affecting job satisfaction, are of sig-

nificance, and should be noted by those responsible for recruiting, educating, and employing nurses. Whether the findings will have any impact or not upon nursing and community groups will undoubtedly depend upon the dissemination they receive and the "acuteness" of the nursing situation in a particular locality. It is true that studies have their limitations—some may only highlight problems and provide no clues for their solution. But in the aggregate, the results of numerous research projects will help the nursing profession to perceive its own weaknesses and strengths and set about putting its house in order.

Survey Sources

For further data included in the report of "A Study of Educational Programs of Hospital Schools of Nursing," write The National Organization of Hospital Schools of Nursing, 683 Juniper St., Northeast, Atlanta, Ga.

"What Do Nurses Think of Their Profession" is available for $2 per copy from the Ohio State Nurses Association, 904 E. Broad St., Columbus 5, Ohio.

Information on "For Better Nursing in Michigan" may be obtained from Cunningham Drug Company Foundation, 619 Farwell Building, Detroit 26, Michigan.

State Nurses Associations sponsoring studies that are now completed include: California, New York, Minnesota, Washington, Arkansas, Kansas, Alabama, and Massachusetts.

When your patient pleads for coffee—

When a convalescent patient pleads for coffee, there's no reason to delay it because of a fear of nerves or sleep being affected.

Simply be sure you make the coffee *Sanka* Coffee, the 97% caffein-free coffee. It can't irritate nerves or disturb sleep . . . and it's *real* coffee!

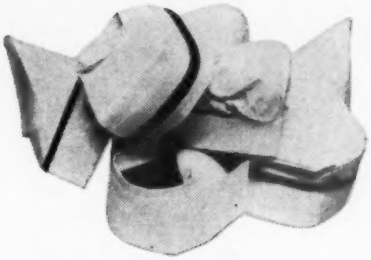
And don't be surprised if your patient says today's *New* Extra-Rich Sanka Coffee is *better-tasting* than the coffee she's used to drinking. Its rich, full-bodied flavor will satisfy the most fervent lover of fine coffee.

Why not try it yourself? You, too, need calm nerves and all the sleep you can get. You'll specially want to try the New *Instant* Sanka, a boon for making up that quick cup on duty. Wonderful "fresh-brewed" flavor in *seconds*.

SANKA COFFEE

DELICIOUS IN EITHER INSTANT OR REGULAR FORM

Products of General Foods



Positions Available

ADMINISTRATORS: (a) Small gen'l hosp, no school, Calif. $5000-$6000. (b) Ass't adm, 350 bed gen'l hosp, univ center, MW. RN11-1 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

ANESTHETISTS: A.A.N.A. member. 250 bed general hospital, salary open, automatic increases, laundry provided, 40 hr. week, no obstetrics, liberal vacation and personnel policies, Social Security. Sutter Hospital, Sacramento, Calif.

ANESTHETISTS: (a) Gen'l hosp. 250 beds, coll town, Calif. $5700. (b) Chief, 300 bed gen'l hosp, expansion prog, present staff consists of 4 nurse anesthetists, univ. city, MW. Min. $450, complete mtce. (c) Two, new vol. gen'l hosp, 350 beds, dept directed by medical anes, univ. center, So. (d) Night anes, ob-gyn only, univ. med. center, large city, E. (e) Small gen'l hosp. coll town, MW. Percentage, 70-30. (f) Ass'n surgeon, Alaska. (g) Two, 200 bed hosp, med. anes. in charge, univ. city, MW. $500, mtce. RN11-2 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

ASSISTANT DIRECTOR OF NURSING: In charge of in-service education. For further information contact Director of Nursing, MacNeal Memorial Hospital, Berwyn, Ill.

ASS'T DIRECTOR IN CHARGE NURSING SERVICE: B.S. Degree and/or satisfactory experience. 500 bed hospital. Excellent salary, liberal personnel policies, comfortable living quarters available, easy accessibility to New York City and universities. Apply Director of Nursing, Newark Beth Israel Hospital, 201 Lyons Ave., Newark 8, N.J.

BLOOD BANK: Univ. hosp., train. unnec, pref. one int. specializing new field. Apt. available, modern, attrac. residence. RN11-3 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

CLINIC, INDUSTRIAL, OFFICE: (a) Hotel-office nurse. Duties: assisting med. group which provides med. care to hotel guests, will share luxurious apt. with other nurse. (b) Courier nurses, trips 6-24 hours. (c) Indus. nurse, small plant, Chicago. (d) Office nurse by Board dermatologist, pref. one with year of physics, bact. or mycology. MW. RN11-4 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

CLINICAL INSTRUCTOR: In Obstetrics. 332 bed hospital located in an attractive residential section. Student body of 160. Degree in Nursing Education and some teaching experience preferred. Salary range for 40 hr. week, $320-$430. Beginning salary commensurate with experience and preparation. Liberal personnel policies. Living accommodations available. Apply to Director of Nursing, The Toledo Hospital, Toledo 6, Ohio.

DIRECTOR OF NURSES: Outstanding opportunity. Salary, $7100 to $8917 per year. To administer nursing service and educational program at Philadelphia General Hospital. M.A. in Nursing or Nursing Education. 7 years experience of which five were in administration. Have or be eligible for R.N. in Penna. Apply for Civil Service exam, Room 127, City Hall, Philadelphia 7, Pa., before December 6, 1954.

DIRECTOR OF NURSING SERVICE: 120 bed approved general hospital. Must be qualified by preparation and experience. Full maintenance in comfortable living quarters, 44 hr. week, salary opening pending type of professional background. Attractive personnel policies including state retirement plan. Position available immediately. Director, Jamestown General Hospital, Jamestown, N. Y.

DIRECTORS OF NURSING: (a) Vol. gen'l hosp., one of leading schools in Midwest, ed. center, min. $7500. (b) Gen'l 300 bed hosp. operated under Amer. auspices, foreign country, competent organizer, Master's Degree, $13,200-$14,400 (c) Vol. gen'l hosp. now under construction, completion next July. 300 beds increasing gradually to 700, attractive city, SE. (d) Head, dept of nursing, women's coll, E. (e) Vol. gen'l hosp. 200 beds, delightfully located, foreign city, excel. staff, knowledge of French desired. (f) New hosp. & nursing school, Near East. (g) Nursing service, one of California's leading hosps. $6000, prerequisites, apartment. (h) Nursing service, gen'l hosp, 350 beds, N.Eng. $6000-$8000. RN11-5 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

FACULTY POSTS: (a) Ed. dir. for South Amer. ped. instructors, Brazil, India, psy. instructor, Brazil, nursing arts, Jordan. (b) Ed. dir. small school, coll. town, E. Min. $5500. (c) Dir. vocational nursing prog., coll. affil, attrac. location, Pac. Coast. $500-$750. (d) Nursing arts, ob. ped. instructors, univ. dept. of nursing, SW. (e) Instructors, public health, med. surg., univ. nursing dept, E. RN11-6 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

GENERAL DUTY NURSE: For 76 bed general hospital in university town. Prevailing

salaries paid. Full maintenance available. Redlands Community Hospital, Redlands, Cal.

GENERAL DUTY NURSES: $250-$305. 165 bed approved general hospital. 2 and 3 week paid vacation. 12 days paid sick leave. 8 paid holidays. Annual raises. Board and room at nominal cost in new modern nurses' home attached to hospital. Vacancies all shifts. Apply Director of Nurses, Memorial Hospital, Cheyenne, Wyo.

GENERAL DUTY NURSES: 5 day week, 3 week vacation, 7 paid holidays, paid overtime, liberal sick leave and hospitalization benefits, attractive living quarters, modern well-equipped 210 bed hospital. Salary starts at $230 a month. Rotating shifts. Pleasant New York City suburb, 35 minutes from Grand Central Station. Contact Director of Nursing Service, White Plains Hospital, White Plains, N.Y.

GENERAL DUTY NURSES: For modern 50 bed hospital in clean, progressive mountain town where out-door sports are a specialty. For information write to The Cody Hospital, Cody, Wyo.

GENERAL DUTY NURSES: For beautiful crippled children's hospital located in heart of historic west. Salary starts at $205 per mo. with complete maintenance, 15 days vacation, 15 days sick leave, 5 day work week. Climate is warm and dry. Hospital has indoor and outdoor pools available to personnel. Contact director of nurses, Carrie Tingley Hospital for Crippled Children, Truth-or-Consequences, N.M.

GENERAL DUTY NURSES: 100 bed hospital, southern Wyoming community of 12,000. Liberal personnel policies, 40 hr. wk. Starting salary $237.50 with a charge of $22.50 for full maintenance. Additional $10 per mo. for evening and night duty with regular increases. Surgical nurses starting salary $247.50 plus $5 per call after 5 p.m. Nurses' Home recently redecorated and refurnished. Write Director of Nurses, Memorial Hospital, Rock Springs, Wyo.

GENERAL DUTY NURSES: For 50 bed general hospital located in southern Colorado. Favorable climate, year around sports, college town. 40 hr. wk., vacation, sick leave, holidays, increases given. Contact Superintendent, Community Hospital, Alamosa, Colo.

GENERAL STAFF NURSES: This is a nice place to work in preferred department of 200 bed general hospital with liberal personnel policies including 40 hr. wk., choice of two schedules, retirement plan, paid hospitalization insurance premium, cumulative 30 day sick leave, pro-rated and progressive vacation, 6 holidays annually, meals at cost, rooms for $20 monthly in residence beautifully located directly on Detroit River and 30 minutes from Detroit. Beginning salary, evenings $304.47-$313.13; nights, $299.47-$308.13; days, $289.47-$298.13. For details write Director of Nursing, Wyandotte General Hospital, Wyandotte, Mich.

GENERAL STAFF NURSES: 250 bed general hospital and 72 bed maternity hospital. Starting salary $280, $5 per month tenure increase for each 6 months of service to a maximum of $310. Social Security, sick leave, prepaid medical and hospital care. $10 additional for afternoon and night shift, $10 additional for delivery room, $20 additional for surgery. Up to 3 weeks vacation at end of 4 years. 7 paid holidays, 8 hr. day, 40 hr. week. Apply to Director of Nurses, Sutter Hospital, Sacramento, Calif.

GRADUATE NURSES: General duty for college infirmary (35 beds) in Hanover, New Hampshire. Starting salary $205, increases at intervals to $230. 40 hr. wk., 10 mos. employment from September 1 to July 1 including 3 wks vacation. Additional advantages: In progressive and interesting community offering recreational and sultural opportunities. Write to Dartmouth College Health Service, Hanover, N. H.

GRADUATE NURSES: New California state hospital for children, including mentally deficient. In orange belt 180 miles north of Los Angeles. In easy distance national parks and mountain resorts. Near attractive, modern town of 7,000. Write Frank J. Lovett, Personnel Officer, Porterville State Hospital, Porterville, Calif.

GRADUATE REGISTERED NURSES: For 398 bed general hospital with School of Nursing. Full or part-time. Excellent opportunity

with

B-D MULTIFIT® SYRINGES

When you use B-D MULTIFIT SYRINGES you get

ease and speed of assembly — less labor Tedious matching of parts is eliminated.

lower replacement costs Unbroken parts may be fitted to intact opposite parts — because every MULTIFIT plunger fits every MULTIFIT barrel.

reduced breakage Because it's molded, the MULTIFIT Syringe barrel is tougher — stronger — more resistant to breakage.

longer life The clear glass molded barrel virtually eliminates loss due to friction or erosion.

sizes now available: 2 cc., 5 cc., and 10 cc. — LUER-LOK® or Metal Luer tips.

BECTON, DICKINSON AND COMPANY · RUTHERFORD, N. J.

B-D

B-D, MULTIFIT, AND LUER-LOK, T. M. REG. U. S. PAT. OFF.

for study at Western Reserve University. Starting salary $240-$260 based on experience plus $1.00 per diem for evening or night duty. Operating room nurses $10 per mo. additional. Two weeks vacation, 6 holidays, 10 days sick leave. For detailed personnel policies write Director of Nursing, Mount Sinai Hospital, 1800 East 105th St., Cleveland 6, Ohio

HEAD NURSE: For tuberculosis hospital, Monmouth County, N. J. 40 hrs. per wk, vacation and sick leave. 7miles from seashore, 65 miles from New York. Full maintenance in pleasant living quarters. For further information apply Superintendent, Allenwood Hospital, Allenwood, N. J.

HEAD NURSE: New, modern 100 bed hospital. Salary range $240-$275 per mo. 5 day week, usual vacations and sick leave. Write Administrator, St. Francis Hospital, Columbus, Ga.

INSTRUCTOR-ASST. IN NURSING ARTS & MEDICAL SURGICAL NURSING: To participate in planning, teaching and supervision of both theory and clinical experience. B.S. Degree preferred but will accept person working for degree. Salary commensurate with education and experience. Liberal personnel policies, comfortable living quarters and meals available at low cost. Easy accessibility to New York City and universities. Apply Director of Nursing, Newark Beth Israel Hospital, 201 Lyons Ave., Newark 8, N.J.

LABORATORY TECHNICIAN: Female. Excellent salary, two weeks vacation, plus 7 paid holidays per year, private room in beautiful nurses home, located 35 miles from N.Y., Served by DL&W RR and Greyhound Bus Line. Apply C. T. Barker, Director, Dover General Hospital, Dover, N.J.

MALE REGISTERED NURSES: For general staff positions. 40 hour week. Expanding general hospital in suburban area of Chicago. Living accommodations available. Apply Director of Nursing, MacNeal Memorial Hospital, Berwyn, Ill.

NURSE ANESTHETIST: For Oral Surgeons' office. Pleasant working conditions. Regular working hrs. 5, and 5½ days alternating weeks. Good future. Box HMS-1 c/o R.N. Magazine, Rutherford, N.J.

NURSE ANESTHETIST: General hospital, 700 beds. Starting salary $4300 per annum, maximum $4800 per annum, $100 yearly increments, vacation and sick time. Full maintenance provided. Contact A. G. Chmelnik, M.D., Medical Director, The Harrison S. Martland Medical Center, 116 Fairmount Ave., Newark, N. J.

NURSE ANESTHETIST: Approved hospital near Detroit. $461 per mo. Overtime after 40 hrs. per week. Living quarters available. Wyandotte General Hospital, Wyandotte, Mich.

NURSE ANESTHETISTS: Surgical and/or Obstetrical positions available for qualified nurse anesthetists in newly reorganized department. Apply J. D. Stringham, M. D., Dept. of Anesthesiology, Latter-day Saints Hospital, Salt Lake City, Utah.

[Turn the page]

Take it easier with uniforms of **Du Pont Nylon!**

You'll find everything you're looking for in a well-made uniform of Du Pont nylon. Comfort, good looks, long wear, and most important—easy care.

And there's news in styling, too! Look for all-over embroidered nylon, air-cooled nylon plissé, woven jacquards, crisp taffetas! Because of their light weight, they suds and rinse in minutes, need no starch, drip dry quickly . . . need little or no ironing.

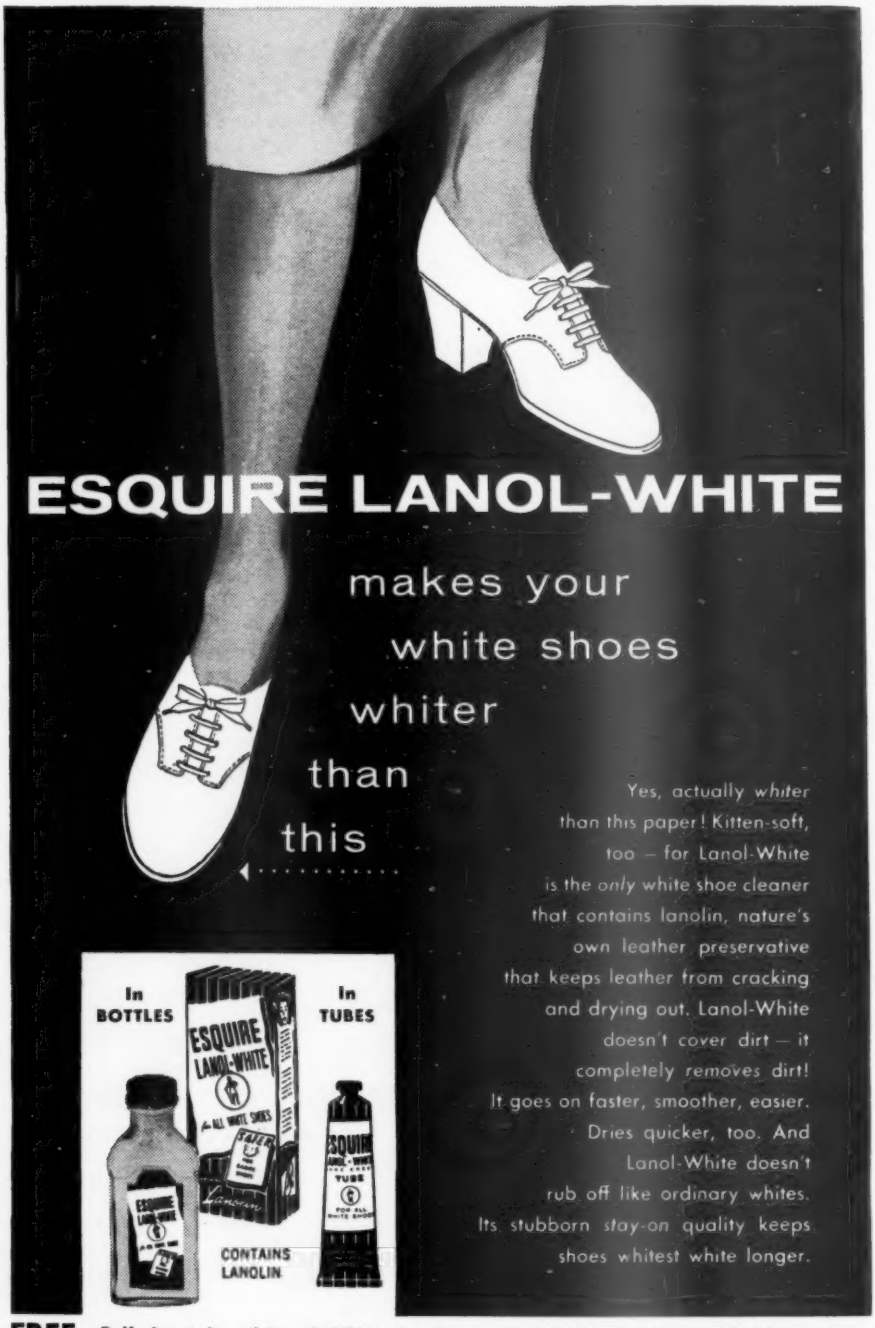
See if you don't feel better, look better, work better in comfortable, airy uniforms of Du Pont nylon. Treat yourself to several . . . soon. Nylon is one of Du Pont's modern-living fibers.

DU PONT

REG. U.S. PAT. OFF.

BETTER THINGS FOR BETTER LIVING
. . . THROUGH CHEMISTRY

Exciting new things are happening in Du Pont NYLON


ESQUIRE LANOL-WHITE
makes your white shoes whiter than this
Yes, actually whiter than this paper! Kitten-soft, too — for Lanol-White is the only white shoe cleaner that contains lanolin, nature's own leather preservative that keeps leather from cracking and drying out. Lanol-White doesn't cover dirt — it completely removes dirt! It goes on faster, smoother, easier. Dries quicker, too. And Lanol-White doesn't rub off like ordinary whites. Its stubborn stay-on quality keeps shoes whitest white longer.
In BOTTLES
In TUBES
ESQUIRE LANOL-WHITE
CONTAINS LANOLIN
FREE
Full-size tube of Lanol-White. Send name and address along with 10c to cover handling, mailing to Knomark Mfg. Co., Dept. 31, 330 Wythe Ave., Brooklyn, N.Y.

NURSE, R.N.: Treatment, research hospital, children, rheumatic fever, lower Westchester, N.Y. $255 mo. start, $15 increment 6 mos. Call Mrs. Culver, IRvington 9-6700, 10 am-4 pm.

NURSE, R.N. OR GRADUATE: In residence, ambitious knowing routine lab and X-ray or willing to learn. Beginning cash $350 plus maintenance, vacation and bonus exceeding $6500 annually. Small hospital, O.P.D. Clinic Write Dr. Keyes, Dearborn, Mich.

NURSES: Excellent employment opportunities for nurses, ages 25-48, as traveling nursing representatives. Qualifications: Bachelor's Degree in Public Health Nursing or Nursing Education plus supervisory experience. Openings available in the eastern and southeastern sections of the country. Salaries commensurate with training and experience. Direct inquiries to Mr. Norman A. Durfee, National Director for Personnel Services, National Headquarters, American Red Cross, Washington 13, D.C.

NURSES: Have immediate openings for registered medical, surgical and obstetrical nurses for day, evening and night duty. Minimum starting wage $250 per mo. $15 per mo. differential for evenings and night duty. 40 hr. wk., paid vacation, 6 legal holidays, sick leave and excellent working conditions, laundry furnished. Write, wire, call or apply in person to the Personnel Dept., Research Hospital, Kansas City, Mo.

NURSES: General hospital, 236 beds, new building, modern equipment. 30 miles from New York City. Liberal personnel policies. Write Director of Nursing, Morristown Memorial Hospital, Morristown, N.J.

NURSES: General Duty, for 30 bed hospital 35 miles from New York. Excellent salary. Apply Administrator, Tuxedo Memorial Hospital, Tuxedo Park, N.Y.

NURSES—GENERAL DUTY & SURGICAL: For 165 bed hospital in residential suburb of Chicago. 40 hr. wk. Cash salary $230 for night duty, $225 evening duty and $215 day duty. $10 increase after 60 days and at regular intervals. $15 differential for surgical nurses. Full maintenance in addition to salary includes single room in new nurses residence plus meals and laundry. Low rental apartments for married nurses. 2 to 4 weeks vacation, 6 holidays. Sick time policy. Free life insurance. Blue Cross hospitalization. Leave of absence with full salary for post graduate study granted to qualified nurses. Write Director of Nursing, MacNeal Memorial Hospital, Berwyn, Ill.

NURSES, R.N.: For O.R. and Floor Duty 3-11, 11-7. New general hospital. Good salary and working conditions. Apply M. K. Moloney, R.N., Liberty Maimonides Hospital, Liberty, N.Y. Phone Liberty 2300.

NURSING ARTS INSTRUCTOR: 240 bed non-profit hospital, beautiful location, new nurses' school and home. Salary dependent upon experience, full maintenance if desired. 40 hr. wk., degree required. Apply Director of Nursing, St. Joseph's Hospital, Reading, Pa.

NURSING ARTS INSTRUCTOR: Nationally accredited school, 75 students. B.S. Degree and teaching experience required. 40 hr. wk. and employee benefits. Apply Dean, Knapp College of Nursing, Santa Barbara Cottage Hospital, Santa Barbara, Calif.

OBSTETRICAL SUPERVISOR: 225 bed general hospital, nationally accredited school, 75 students. Degree required or special preparation for teaching obstetrics. 40 hr. week and employee benefits. Apply Director of Nursing, Santa Barbara Cottage Hospital, Santa Barbara, Calif.

OPERATING ROOM NURSES: 300 bed hospital, 40 hr. week, all cash salary. Special consideration for experience and advanced preparation. Bonus for "on call". Liberal personnel policies, including Social Security, plus a retirement plan. Apply Director of Nursing, Mercer Hospital, Trenton 8, N.J.

OPERATING ROOM SUTURE NURSES: For new 144 bed hospital located in a friendly city of 93,000 at the gateway to Michigan's summer and winter resort areas. Air-conditioned operating suite of five fully equipped rooms. 40 hr. wk. Minimum starting salary of $270 to $370 per mo. including call. Excellent personnel policies. Opportunities for advanced professional education. Living accommodations available in the immediate vicinity. Personnel Director, St. Luke's Hospital, Saginaw, Mich.

PROFESSIONAL REGISTERED NURSES: For Staff and Supervisory capacities. 100 bed hospital in a beautiful summer resort area on Lake Huron. Staff Nurses, $275, Surgical Nurses, $297, Supervisors, $308 beginning salaries with $10 monthly differential for evening and night duty for a 40 hr. wk. Apply Director of Nursing. Alpena General Hospital, Alpena, Mich.

PSYCHIATRIC STAFF NURSE: For a private psychoanalytically oriented hospital, increasing staff to prepare for increase in bed capacity to 113. In-service program, 18 working days vacation, 15 working days sick leave, evening and night differential, Social Security. Beginning salary $300. Apply to Mr. Basil Cole, Personnel Director, The Menninger Foundation, Topeka, Kans.

PUBLIC HEALTH NURSES: Vacancies in New York City Department of Health. Generalized service includes maternal and child care, school health and communicable disease control. Starting salary $3080. 37 hr. wk., liberal vacation and sick time allowances, pension rights, in-service training. Applicants (except New York State veterans) must not have reached 36th birthday. Write to Bureau of Public Health Nursing, City Health Department, 125 Worth St., New York, N.Y.

PUBLIC HEALTH NURSES: $355 to $440 mo. City of Los Angeles Health Dept. Immediate jobs. Write Room 5, Los Angeles City Hall for details.

PUBLIC HEALTH STAFF NURSES: For generalized program in County Health Dept., north San Joaquin Valley, Calif. 5 day, 40 hr.

week. Salary $318 to $385 at 5th year. Car furnished. Vacation, sick leave, retirement and hospital insurance in effect. Certificate in Public Health Nursing and California driver's license required. For further information write George F. O'Brien, M. D., County Health Officer, P. O. Box 1607, Modesto, Calif.

PUBLIC HEALTH, STUDENT HEALTH, SCHOOL: (a) Senior PH nurses, min. 2 yrs exp., Alaska. (b) Resident nurse, school of girls, Calif. (c) Counselor & recreational director, lge tch'g hosp, E. (d) PH nurses, foreign assignments, degrees, exp. req. (e) Student health nurse, co-ed, liberal arts coll, MW. (f) Two staff PH nurses, coll. town, Calif. (g) College nurse, Pac. NW. (h) Student health, girls' seminary, MW. RN11-7 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

QUALIFIED PUBLIC HEALTH NURSES: Salary range $4205 to $4955 and Junior Public Health Nurses, $3795 to $4545. Liberal Federal Government Retirement Plan. 40 hr. 5 day week, annual and sick leave. Opportunities for study and cultural development in the Nation's Capital. Apply to Mrs. J. P. Prescott, Chief, Bureau of Public Health Nursing, Department of Public Health, 300 Indiana Ave., N.W., Washington 1, D.C.

R.N.'s: 110 bed general hospital increasing to 150. Excellent salary with full maintenance, 40 hr. wk. with 2 weeks vacation; after 2 years, 3 weeks with pay plus 7 paid holidays per year, 6 days sick leave per year. Full maintenance with private room in beautiful nurses home, located 35 miles from N.Y. City served by DL&W RR and Greyhound Bus Line. Apply Dover General Hospital, Dover, N.J., Att'n: C. T. Barker, Director.

REGISTERED, GRADUATE OR PRACTICAL NURSES: Night or day. Deborah Sanatorium, Browns Mills, N. J.

REGISTERED NURSE: Competent, general duty, surgery and OB, capable some administrative duties small new hospital. Salary above average. Southwestern Oregon town. Myrtle Creek, Ore.

REGISTERED NURSE ANESTHETIST: 135 bed general hospital in charming southern city of 18,000 short drive from Gulf of Mexico. Well qualified surgical staff. Salary range $380-$416 a month commensurate with experience. 4 weeks vacation with pay, sick leave, 2½ day weekend every 4th week. Apply Administrator, John D. Archbold Memorial Hospital, Thomasville, Ga.

REGISTERED NURSE ANESTHETISTS: 40 hr. wk., permanent positions open for surgery and 3-11 obstetric departments. Liberal vacation and sick leave policies, Social Security. Overtime pay, extra pay for night duty. Automatic pay increases. No call duty. Apply: Chief Nurse Anesthetist, Harper Hospital, Detroit 1, Mich.

REGISTERED NURSES: For supervisory positions in new maternity wing. Pleasant working conditions, 5 day week, salary open. Brooklyn Womens Hospital, 1395 Eastern Parkway, Brooklyn, N. Y.

REGISTERED NURSES: Salary scale $240 to $275 per mo., 40 hr. wk., differential for evening and night duty, $17 per mo. Beginning salary based on length and recency of experience, increases every 6 mos., increases beyond the maximum on basis of merit, 2 weeks illness allowance, 3 weeks vacation, opportunity for university study, Address inquiries to: Director of Nursing, The Rochester General Hospital, Rochester 8, N.Y.

REGISTERED NURSES: In progressive 250 bed fully approved hospital located in beautiful, exciting western city with ideal, climate, mild winters. 5 day week, 40 hrs., starting salary $265 with automatic increase every 6 mos., of $100 per year, or $8.33 per mo. up to three years. $10 per mo. differential paid to those working afternoon and night shifts. Minimum wage scale for surgery nurses is $275. Write Superintendent of Nurses, Washoe Medical Center, Reno, Nev.

REGISTERED NURSES: Needed by 140 bed Physical Medicine and Rehabilitation Hospital fully accredited by Joint Commission on Accreditation of Hospitals, treating patients with neuromuscular disabilities. Salary range $245 monthly to $285. In addition to salary complete maintenance provided in air-conditioned Nurses' quarters, plus pay differential for evening and night duty. Completely air-conditioned hospital is well located in relation to San Antonio, Austin and Gulf Coast. Delight-

EXTENSIVE CLINICAL TESTS BY DOCTORS PROVE

Clearasil **Medication**

EFFECTIVE FOR PIMPLES

(9 out of 10 cases cleared up or definitely improved)

SKIN-COLORED... *hides pimples while it works*

CLEARASIL is the new-type scientific medication developed *especially* for the treatment of pimples. Doctors and skin specialists have proved its effectiveness in controlled clinical tests. In these tests on 202 patients, 9 out of every 10 cases were cleared up or definitely improved while using CLEARASIL.*

And in day-by-day use thousands of nurses, too, have experienced and observed the amazing effectiveness of this new medication.

CLEARASIL combines sulphur and resorcinol in a revolutionary greaseless and quick-drying base that works to dry up pimples. *Antiseptic*, stops growth of bacteria that can cause and spread pimples. Skin-colored...hides pimples while it works...ends embarrassment. Pleasant to use. Won't stain clothing or other fabrics.

Each package contains an authoritative, helpful leaflet on general skin hygiene and living habits. You can recommend CLEARASIL with confidence. 59¢ and 98¢ at all druggists, with money-back guarantee of satisfaction.

For FREE PROFESSIONAL SAMPLE and copy of clinical report, write Eastco, Inc., Box 12-RNO, White Plains, N. Y.

**Original clinical reports in our files*

REGISTERED NURSES: For general duty in beautiful modern 45 bed hospital. Good salary with full maintenance. 44 hr. wk., automatic salary increases, retirement benefits. Apply D. D. Parke, Supt., Memorial Hospital, Belle Glade, Fla.

REGISTERED NURSES: For new 144 bed hospital located in a friendly city of 93,000 at the gateway to Michigan's summer and winter resort areas. Staff and charge positions open. Salaries dependent upon educational background and experience with a minimum of $260 to $320 per mo. Monthly differential of $20 for afternoon duty and $15 for night duty. 40 hr. wk. Excellent personnel policies. Opportunities for advanced professional education. Accommodations available in the immediate vicinity. Personnel Director, St. Luke's Hospital, Saginaw, Mich.

REGISTERED NURSES, GENERAL DUTY: New 52 bed hospital. Starting salary $220 per mo., 2 wks. vacation with pay, sick leave. Apply Administrator Franklin Memorial Hospital, Rocky Mount, Va.

REGISTERED PROFESSIONAL NURSES: For supervisory, educational and general staff positions. Liberal personnel policies. 40 hr. week. Differential salary for evening, nights and operating room. Social Security. Christ Hospital, 176 Palisade Ave., Jersey City, N.J.

STAFF NURSES: For Tuberculosis Sanitorium, starting salary $295. Quarters available $20. State age, education and experience. State Welfare Dept., Sante Fe, N.M.

STAFF PUBLIC HEALTH NURSE: Salary $308-$380. For generalized program. Must have own car. Well organized department, very attractive area. Write Myron W. Husband, M.D., Director of Public Health, 154 West Alisal St., Salinas, Calif.

STAFF NURSES: Wide clinical experience. 40 hr. week, starting salary $280 a month. For further details please write to Dept. of Nursing, University Hospital, Ann Arbor, Mich.

STAFF NURSES: New 150 bed hospital near Sun Valley, Idaho. $220 per mo., 40 hr. wk., evening and night differential, annual increases. Housing available. Write Director of Nursing Service, Magic Valley Memorial Hospital, Twin Falls, Idaho

STAFF NURSES: For 45 bed general hospital, completely remodeled and new equipment. 44 hr. week. Starting salary $250 up. Good working conditions. Liberal personnel policy. Apply Administrator, Coon Memorial Hospital, Dalhart, Tex.

STAFF NURSES: New staff nurse positions available in California. Must have California license or temporary permit. Registered nurses with no experience, $295-$341 month. One year graduate study or psychiatric experience will qualify for $310-$358. Salary increase after six months. Promotional opportunities, liberal vacation and retirement privileges.

ful warm and dry winters. Contact the Administrator, Gonzales Warm Springs Foundation, Gonzales, Tex.

How to "TREAT" a patient!

Serve new low calorie

D-ZERTA sweet...but sugar free

Delectable D-Zerta, made by the makers of Jell-O, comes in six delicious flavors, delightfully sweetened with saccharin . . . it is carbohydrate free . . . and it costs about 4¢ a serving! D-Zerta is a real pick-up for patients on low-calorie, low-carbohydrate diets. *Only 12 calories a serving!* D-Zerta is now available in the dietetic section of grocery stores! New package of two-portion envelopes gives complete nutrition information plus exciting new recipes.

Made by the makers of **JELL-O** *A Product of General Foods*

Jell-O and D-Zerta are registered trade-marks of General Foods Corporation

Write State Personnel Board, 1015 L Street, Sacramento 14, Calif.

STAFF & OPERATING ROOM NURSES: New 104 bed general hospital. Latest equipment, ideal location banks of St. Joseph River, heart of fruitbelt, Lake Michigan shores. Living accommodations available. Jr. College in area. 2 hrs from Chicago. 40 hr. week, basic salary $234, shift bonus, good personnel policies, friendly community. Details write Nursing Director, Memorial Hospital, St. Joseph, Mich.

STAFF NURSES — OPERATING ROOM NURSES: For modern 650 bed tuberculosis hospital affiliated with Western Reserve University and approved by joint commission on accreditation of hospitals. 40 hr. 5 day wk. Salary $293-$323 with automatic increases. Full maintenance available at minimum rate. Housing for 2 or more nurses. Advancement for eligible applicants. Meets approved minimum employment standards of The State Nurses' Association. Apply Director of Nursing, Sunny Acres Hospital, Cleveland 22, Ohio.

STAFF AND SURGICAL: (a) Several staff, new rehabilitation center for post polio cases. New air-conditioned nurses' res., delightful spot, SW. (b) Staff and surg., teaching hosp on univ campus, oppor continuing studies, So. (c) Staff, new 300 bed hosp, Calif. (d) Surg, lge teaching hosp. 200 residents and interns, min. $325. (e) Staff, new gen'l hosp. 100 beds, one of larger towns, Alaska. RN11-8 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

SUPERVISOR OF AUXILIARY PERSONNEL: Experience in teaching and supervision essential. Liberal personnel policies, attractive living accommodations. 40 hr. wk., salary commensurate with qualifications. Young person desired. Apply Director of Nursing, MacNeal Memorial Hospital, Berwyn, Ill.

SUPERVISOR-MEDICAL SURGICAL: Administrative nursing service. B.S. Degree and/or satisfactory experience in supervision. Salary commensurate with education and experience. 500 bed general hospital. Liberal personnel policies, living accommodations and meals available at low cost. Easy accessibility to New York City and universities. Apply Director of Nursing, Newark Beth Israel Hospital, 201 Lyons Ave., Newark 8, N.J.

SUPERVISORS: (a) All depts, new hosp. 300 beds, unit univ. group, oppor continuing studies, W. (b) Outpatient, univ. hosp, 400 beds, new cancer bldg being built, univ. med. center, E. (c) OR. Vol. gen'l hosp, 350 beds, service mainly surg., med. center, MW. $5000. (d) OB, new 300 bed hosp, coll town near NYC. (e) Med & surg. small hosp res. town near San Francisco. (f) Ped. & Psy, new 550 bed gen'l hosp. affil, med school, SW. (g) Head nurse, new tb hosp. $325-$410, suburb, lge city, MW. RN11-9 Burneice Larson, Medical Bureau, Palmolive Building, Chicago, Ill.

SURGERY NURSES: 2. Salary $325, 1 meal, time for call backs, 40 hr. wk. Write Director of Nurses, Siskiyou County General Hospital, Yreka, Calif.

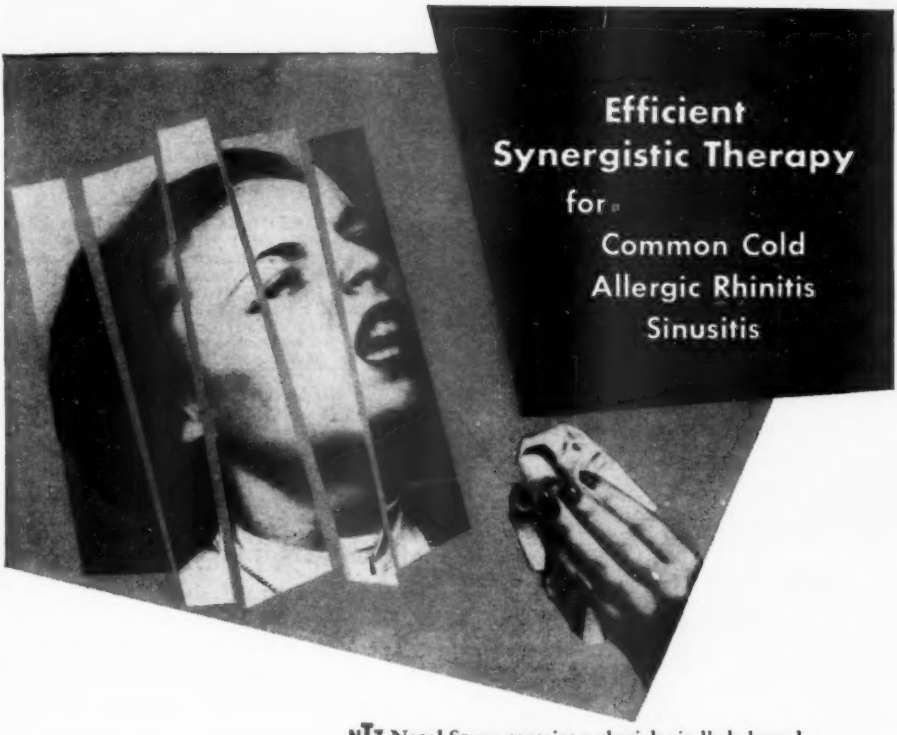
OUR 58th YEAR

WOODWARD
Medical Personnel Bureau
FORMERLY AZNOE'S
3nd floor - 183 N. WABASH - CHICAGO 1
ANN WOODWARD, Director

Founders of the counseling service to the nursing profession, serving with distinction over half a century

ADMINISTRATORS: (a) Gen hosp 40 bds now under construction sm twn, Fla. (b) Apprv'd sm gen hosp attrac resort comm, E. (c) Also super nurs serv, 35 bed gen hosp. $4800. SW. (d) Asst oppty take full chge later, 150 bd. gen hosp, closed surg staff, twn 5000, S. Atlantic. (e) Vol gen hosp 30 bds, adj residence, attrac. Iowa twn. (f) 50 bed gen hosp. About $6500. Resort & univ. twn, SW. (g) 20 bed gen hosp, attrac tourist resort twn, Mich. (h) Sm vol gen hosp. attrac twn 3500, Virginia.

ANESTHETISTS: (a) Apprv'd 100 bed gen hosp. $5400, 1 meal. Med sized twn, Fla. (b) Qual surg staff, cons heavy surg, no OB call, new hosp bldg to be comp soon, incl new surgery. $6000, full mtce. Twn 20,000 nr



Efficient Synergistic Therapy for

Common Cold
Allergic Rhinitis
Sinusitis

NTZ Nasal Spray contains a physiologically balanced, nonirritating formulation of three well known and widely used compounds. This combination places at the physician's command a synergistic method of therapy for the common cold, allergic rhinitis and sinusitis.

New NTZ Nasal Spray

Well Tolerated
No Antibiotic Sensitization

Neo-Synephrine® HCl 0.5%
— produces Dependable Decongestion

Thenfadil® HCl 0.1%
— assures Powerful Anti-Allergic Action

Zephiran® Cl 1:5000
— time-tested Antiseptic Preservative and Wetting Agent increases efficiency

Supplied in unbreakable plastic squeeze bottle of 20 cc., prescription packed with removable label.

Delivers fine even spray... Leak proof

Also glass bottles of 30 cc. (1 fl. oz.) with dropper.

WINTHROP-STEARNS INC. NEW YORK 18, N. Y., WINDSOR, ONT.

Neo-Synephrine, Thenfadil and Zephiran, trademarks reg. U. S. Pat. Off., brand of phenylephrine, dethylandiamine and benzalkonium chloride (refined), respectively.

Woodward, continued
univ med center, MW. (c) Two req'd, qual surg perform 200 procedures pr mo, 150 bd gen hosp, attrac coll twn 40,000, S. (d) Fully apprv'd lge hosp, US island dependency, tho cons, tropical, climate mild. (e) 200 bd gen hosp, 3 on staff, 300 procedures pr mo, attrac twn 45,000 not far univ city, Central. (f) Instr. 3 req'd to comp staff of 12, lge teach'g hosp affil impor med sch, SW. (g) Esp trained intubation anes, fully apprv'd 400 bd gen hosp. To $6000, attrac. univ. twn, MW.

DIRECTOR OF NURSES: (a) Nurs serv & ed, lge teach'g hosp affil outstand'g med sch, to $9000, desirable city, E. (b) Nurs serv only, 80 bd gen hosp, soon to increase to 125, coll twn 15,000, Mid. E. (c) Dir of collegiate grad nurse prog, rank of asst prof., attrac sm twn, S. (d) Nurs serv & ed, lge teach'g hosp, full faculty rank, 25 students, to $8000, mtce, univ med ctr, MW. (e) Fully apprv'd 250 bd gen hosp, 65 students, $6000, full mtce, univ city, MW. (f) Apprv'd 200 bd TBc hosp, $6500, full mtce, twn 100,000, N. Central. (g) Nurs serv & ed, vol gen hosp, 200 bds, gd sal, attrac apt, twn 20,000, E. (h) Nurs serv, one of most modern & well equip'd hosps in US, impor univ med center, SW. (i) Nurs serv only, sm gen hosp, JCAH apprv'd, residential suburb univ med center, E.

FACULTY POSTS: (a) Ed dir, sch of nurs temp NLNE accred, potential 200 stud, lge gen hosp, desirable city, E. (b) Ed dir, 300 bd gen hosp, attrac coll twn 40,000, W. (c) Nurs arts instr, head dept, 200 students in temp NLNE accred sch, lge gen hosp, univ city, MW. (d) Psych nurs instr, apprv'd 250 bd hosp, to $6000, mtce, univ med center, W. Central. (e) Clin instr, med-surg, ob, ped, vol gen hosp, coll twn, Mich. (f) Instr in nurs arts, ped & ob, fully apprv'd lge gen hosp, US island dependency. (g) Science instr, 45 students, 250 bd apprv'd gen hosp to $4800, attrac coll twn 40,000, MW.

OFFICE, CLINIC, SCHOOL: (a) Clinic, lge group distinguished specialists, new & modern clin bldg, tourist resort, W. (b) Office & hotel, by 3 MDs caring for guests & empl of luxury hotel, gd sal in addition to suite in hotel, univ city, MW. (c) Stud hlth, chge of 2 RNs under med dir, newly built hlth center, attrac sm twn, Iowa.

PUBLIC HEALTH: (a) PH nurse to work with children in 4 pub schls, to $4800, car exp, res suburb univ med center, MW. (b) to do gen PH nurs incl immunization clin, to $5000, twn 30,000, SW.

STAFF & SURGICAL: (a) 5 staff, 150 bd hosp, Alaska. (b) Several, 11-7 shift, sm gen hosp not far San Francisco. (c) Staff, 75 bd gen hosp, attrac Chgo suburb. (d) Surgical, 100 bed vol gen hosp, Alaska.

SUPERVISORS: (a) OR. Lge gen hosp noted resort city, Fla. (b) OB, 35 bed unit w/40 bass. New 300 bd gen hosp to $4200, resort twn, E. (c) OR, Lge teach'g hosp, $6000, univ city, Pac NW. (d) OB, NLNE accred sch, 200 bd hosp, to $4200, res suburb univ. med center, MW. (e) OR, to reorg dept, lge teach'g hosp extensive bldg underway, $4800, univ city, MW.

When You Change Your Name And/Or Address...

the best way to insure the arrival of your **R.N.** is to remember the following:

(1) Send notification of your new name and/or address at least 30 days in advance of such change.

(2) Enclose the name-and-address portion of your latest R.N. wrapper along with your new name and/or address.

(3) Mail all correspondence to Circulation Department, The Nightingale Press, Inc., Rutherford, New Jersey.

WHERE TO FIND OUR ADVERTISERS

A VITAMIN AND MINERAL RICH DIETARY SUPPLEMENT

for the bland diet

1 OVALTINE PROVIDES A WEALTH OF ESSENTIAL NUTRIENTS

And in a balanced relationship of protein, vitamins, minerals and other nutrients. See chart at right.

2 OVALTINE IS HIGHLY PALATABLE

The tempting flavor of this delicious food beverage adds zest to the bland diet. It is taken eagerly even by patients who dislike milk.

3 OVALTINE REDUCES CURD TENSION OF MILK MORE THAN 60%

This dietary supplement is an easily digested addition to the bland diet.

Three Servings of Ovaltine in Milk Recommended for Daily Use Provide the Following Amounts of Nutrients

(Each serving made of ½ oz. of Ovaltine and 8 fl. oz. of whole milk)

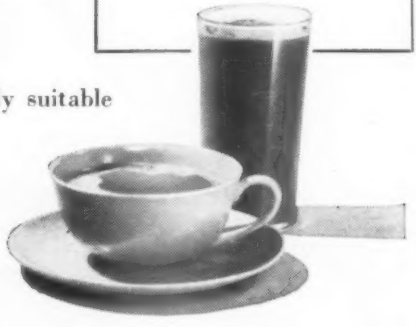
MINERALS	
*CALCIUM	1.12 Gm.
CHLORINE	900 mg.
COBALT	0.006 mg.
*COPPER	0.7 mg.
FLUORINE	0.5 mg.
*IODINE	0.7 mg
*IRON	12 mg.
MAGNESIUM	120 mg.
MANGANESE	0.4 mg.
*PHOSPHORUS	940 mg.
POTASSIUM	1300 mg.
SODIUM	560 mg.
ZINC	2.6 mg.

VITAMINS	
*ASCORBIC ACID	37.0 mg.
BIOTIN	0.03 mg.
CHOLINE	200 mg.
FOLIC ACID	0.05 mg.
*NIACIN	6.7 mg.
PANTOTHENIC ACID	3.0 mg.
PYRIDOXINE	0.6 mg.
*RIBOFLAVIN	2.0 mg.
*THIAMINE	1.2 mg.
*VITAMIN A	3200 I.U.
VITAMIN B_{12}	0.005 mg.
*VITAMIN D	420 I.U.

*PROTEIN (biologically complete)	32 Gm.
*CARBOHYDRATE	65 Gm.
*FAT	30 Gm.

*Nutrients for which daily dietary allowances are recommended by the National Research Council.

Thus Ovaltine made with milk is ideally suitable whenever a bland diet is required.



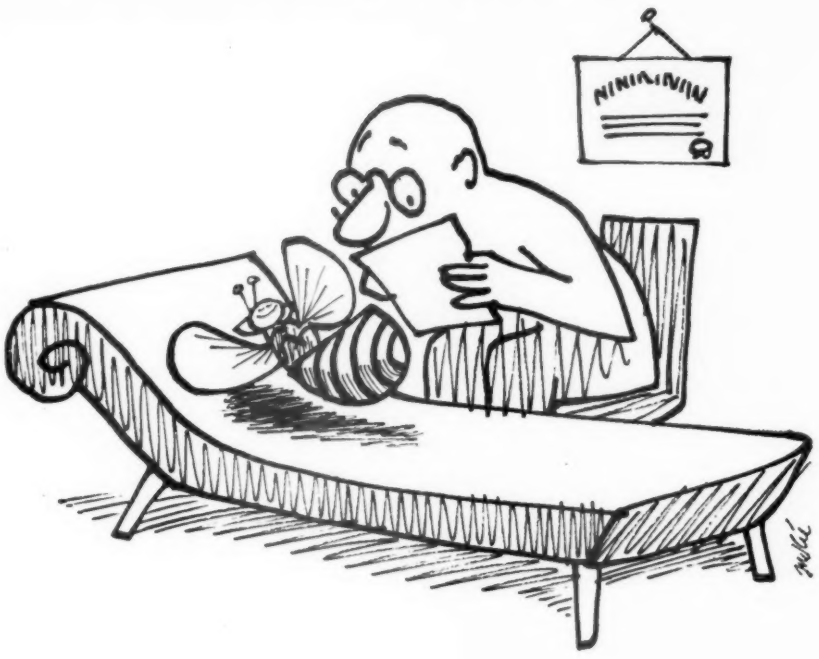
Ovaltine is equally delicious served hot or cold.

Ovaltine

The Wander Company
360 N. Michigan Ave., Chicago 1, Ill.

The World's Most Popular Fortified Food Beverage

For those "Bee Complex" patients



LEDERPLEX Vitamin B Complex Liquid is a pleasant-tasting, orange-flavored form of the most frequently prescribed vitamin. It contains the recognized factors of the B complex, plus other elements. The usefulness of the vitamins in this group is well recognized for patients who are unable to ingest adequate, well-balanced diets.

Administration of LEDERPLEX in liquid form is easy, and provokes no flinching or fussing. Children, especially, welcome this form.

LEDERPLEX Vitamin B Complex *Lederle* is available also in capsules, tablets, and parenteral solution. LEDERPLEX Parenteral is indicated for high dosage and rapid utilization in severe deficiencies when oral administration is not practical. The oral preparations are for supplemental administration where it is suspected that the diet is deficient in one or more of the B complex factors.

Lederplex*

Vitamin B Complex *Lederle* Liquid

Lederle

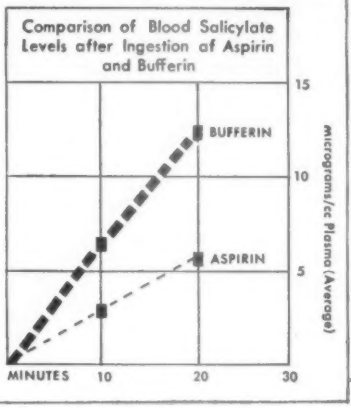
*REG. U.S. PAT. OFF.

LEDERLE LABORATORIES DIVISION AMERICAN Cyanamid COMPANY Pearl River, N.Y.

Faster Pain Relief with BUFFERIN®

1 ACTS TWICE AS FAST AS ASPIRIN

The antacids in Bufferin speed its pain-relieving ingredients through the stomach and into the blood stream. Actual chemical determinations show that within ten minutes after Bufferin is ingested blood salicylate levels are higher than those attained by aspirin in twice this time.[1]



2 DOES NOT UPSET THE STOMACH

Bufferin's antacid ingredients protect the stomach against aspirin irritation. This has been clinically demonstrated on hundreds of patients.

in usual doses

In a series of 238 cases, 22 had a history of gastric distress due to aspirin but only one reported any distress after taking 2 Bufferin tablets (equivalent to 10 grains of aspirin).[1]

in large doses

In a recent study group, 1006 patients received, over a 24 hour period, 12 Bufferin tablets (equivalent to 60 grains of aspirin). Although 72 had a history of being sensitive to aspirin, only 18 reported any gastric side-effect with Bufferin.[2]

1. Effect of Buffering Agents on Absorption of Acetylsalicylic Acid. J. Am. Pharm. Assoc., Sc. Ed. 39:21, Jan. 1950

2. Gastric Tolerance for Aspirin and Buffered Aspirin. Ind. Med. 20:480, Oct. 1951

AVAILABLE in vials of 12 and 36 tablets and in bottles of 100. Tablets scored for divided dosages.

INDICATIONS: Simple headaches, neuralgias, dysmenorrhea, muscular aches and pains, discomfort of colds and minor injuries. Particularly useful when gastric hyperacidity is a complication. Useful for relieving pain in the treatment of arthritis. Helpful for toothaches and pain following tooth extraction.

EACH BUFFERIN TABLET contains 5 grains of acetylsalicylic acid, together with optimum amounts of the antacids aluminum glycinate and magnesium carbonate.

Bristol-Myers Co., 19 West 50 St., New York 20, N. Y.